

AC. 4411

COUNTY COUNCIL OF ESSEX



ANNUAL REPORT

OF THE

Principal School Medical Officer

FOR THE YEAR

1968

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1968

J. A. C. FRANKLIN, M.B., B.S., D.P.H.

PRINCIPAL SCHOOL MEDICAL OFFICER

85/89 NEW LONDON ROAD, CHELMSFORD

Tel. Chelmsford 53233



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P R E F A C E

85-89 New London Road,
Chelmsford.

October 1969.

To the Chairman and Members of the Education Committee

It is my pleasure to present as Principal School Medical Officer my Annual Report for the year 1968. As is customary, the report which includes the report of the Principal School Dental Officer has been prepared on the basis of draft material submitted by the Divisional School Medical Officers and other senior members of staff of the Department who are concerned particularly with the School Health Service.

Before commenting on various aspects of this report it is with sorrow that I have to report the death in December last of Mr. James Byrom. Mr. Byrom retired in August 1968 after 13 years in post as Principal School Dental Officer, during which period the dental services of the County Council were brought to and maintained at a high level of efficiency.

Following his retirement, Mr. Byrom was succeeded in post by Mr. J. C. Timmis, formerly Principal School Dental Officer to the Staffordshire County Council, who took up his duties in September 1968 and who I am sure will continue the improvement of this particular branch of the service.

As anticipated in my previous report the use of the selective system of medical examinations was extended throughout the Administrative County, details of which are given in the body of this report. The scheme is at present in its infancy having commenced with the autumn term and whilst as in most large scale revisions of old procedures there have been teething troubles, these will be outgrown in relation to experience.

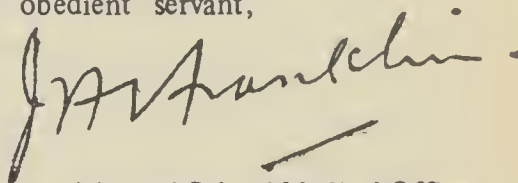
It is pleasing to note a slight reduction in the number of children who were found at medical inspections to be unsatisfactory though on the other hand it would seem that more pupils were found to require treatment for various conditions than in the previous year. The number of these however, 3,632 out of a total of 41,581 examined, of which no less than 1,441 were for defective vision, gives no cause for alarm, especially when one considers that it is through the diligence of the examining medical officers that such defects which might otherwise have remained undetected, were found. In general it may perhaps be accepted that advances in medicine and surgery have the effect of altering the proportion of children who would in earlier times have suffered incapacity. Those who would have had minor disabilities may now escape altogether and those with major disabilities may now be less affected. Conversely, many children who might previously have died in early childhood are now surviving to school age but have severe handicapping conditions. It must also be appreciated that visual disorders generally develop during school life, leading to a greater number of school leavers under treatment than children in their first year at school. Nevertheless in more recent years greater efforts have been made to

obtain accurate vision tests in young children and the results achieved may also be reflected in the total number of children referred for treatment.

A matter of particular concern is the shortage of speech therapists, not only in the administrative County but throughout the Country both in the Local Authority and Hospital Services. There remains a need for more speech therapists to be trained but I cannot foresee any improvement in the situation until there is an improvement in the salary scales to induce students to undertake the three year training course necessary.

In conclusion I have pleasure once more in recording my thanks and appreciation to the Education Committee for their consideration and support throughout the year, to the Chief Education Officer and his staff for their helpful co-operation and to my own staff and all others who have been concerned in any way with the School Health Service.

I am ladies and gentlemen, your obedient servant,

A handwritten signature in dark ink, appearing to read 'J. H. Franklin', with a horizontal line drawn underneath it.

Principal School Medical Officer

COUNTY COUNCIL OF ESSEX
EDUCATION COMMITTEE
(as at 31st December 1968)

Chairman: Alderman Brigadier J. T. de H. Vaizey, C.B.E.
Vice-Chairman: Mrs. B. C. Platt, M.A., C.Eng., A.F.R. Ae.S

County Council Members

Aldermen:

Mrs. E. W. Borthwick	G. E. Rose, J.P.
Mrs. E. L. Coker	J. E. Tabor, O.B.E., M.A.
Brigadier T. F. J. Collins,	S. S. Wilson, O.B.E., J.P.
C.B.E., J.P.	W. R. Wright, M.Inst., S.M.

Councillors:

D. E. Affleck	R. K. Hayward
Mrs. S. Anderson, B.A.	F.H. Hodgson
Ivor Brown	J. F. Holmden
J. M. Brown	A. Jones, M.B.E., J.P.
Mrs. E. M. Clarke, M.A.	Mrs. J. C. Martin
J. L. M. Crofton	R. W. Payne
G. C. S. Curtis, O.B.E.	E. G. Perry
J. E. Daniels	W. C. Redbond
R. W. Dixon-Smith	Mrs. D. C. Reed
M. H. Drake	D. R. Savage
R. H. Dyball, O.B.E.,	J. V. Story
T.D., M.A.	Mrs. E. M. Tuck
D. J. Fisher	C. V. Ulyatt
Mrs. M. M. Gray	Brigadier J. C. B. Wakeford, C.M.G.
P. J. Harty	L. A. Welch
Mrs. J. E. Hattie	H. Williams

Representatives of Divisional Executives

J. J. Davidson	R. E. Robertson
E. P. Duffield	J. H. Savage
A. C. Moles	Mrs. G. M. Sidebotham
W. A. Nichols, J.P.	E. Trippier

Representatives of Universities

F. C. C. Edmonds, M.A.	G. H. R. Newth, M.A.
H. Marriot, B.Eng.,	Professor A. M. Potter
B.Sc.(Econ), F.I.E.E.	

Persons of Experience in Education

C. R. Allison, M.A.	P. S. Powell
L. F. Grant, O.B.E.	F. L. Ridgwell
W. G. Ingram, M.A.	The Rev. F. J. Saurin
The Rev. Canon M. M. Martin	L. S. Webb

Representatives of Teachers

B. A. B. Barton	A. Dyer
Miss M. A. L. Colleer	N. H. Fanshawe
	S. E. Rhodes

STAFF OF THE SCHOOL HEALTH SERVICE

(as at 31st December 1968)

CENTRAL OFFICE

Principal School Medical Officer:

J. A. C. Franklin, M.B., B.S., D.P.H.

Deputy Principal School Medical Officer:

R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H.

Principal Medical Officer:

Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., D.P.H., L.M.

Principal School Dental Officer:

J. C. Timmis, L.D.S., R.C.S.

Superintendent Nursing Officer:

Miss J. F. Carré, S.R.N., S.C.M., Q.N., H.V.Cert.

County Health Inspector:

M. E. Rousell, M.A.P.H.I.

Statistician:

W. H. Leak, B.A., F.S.S.

Health Education Organiser:

C. E. Williams, M.R.S.H.

DIVISIONAL STAFF

Divisions	Divisional School Medical Officers
North-East Essex	John D. Kershaw, M.D., M.R.C.P., D.P.H.
Mid-Essex	J. L. Miller Wood, V.R.D., M.R.C.S., L.R.C.P., D.P.H.
South-East Essex	D. A. Smyth, M.B., B.S., C.P.H., D.P.H.
Thurrock	T. D. Blott, B.Sc., M.B., B.S., D.P.H.
West Essex	J. A. Slattery, M.R.C.S., L.R.C.P., D.P.H.
Harlow	I. Ash, M.D., D.P.H.
Basildon	P. X. O'Dwyer, M.B., B.Ch., D.P.H.
Colchester	John D. Kershaw, M.D., M.R.C.P., D.P.H.

OTHER DIVISIONAL STAFF

(excluding staff employed by Regional Hospital Boards)

	Number employed	Aggregate of time given to School Health Service (in terms of whole-time officers)
School Medical Officers	65*	24.1
Area Dental Officers	8)	28.6
Dental Officers	37*)	
Health Visitors/School Nurses	230	78.8
Dental Surgery Assistants	48	33.8
Speech Therapists	14	9.2
Psychiatric Social Workers	4	3.3
Social Workers	7	5.7

*Includes sessional officers

GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1968 was 1,129,870 of whom approximately 177,800 were children of school age (i.e. 5-15 years).

School Population Mid-Year 1968

	Primary Schools	Secondary Schools	Total
North-East Essex	12,742	7,126	19,868
Colchester	7,513	6,251	13,764
Mid-Essex	25,861	16,328	42,189
South-East Essex	13,913	7,173	21,086
Thurrock	11,810	8,366	20,176
West Essex	13,943	8,902	22,845
Harlow	10,847	8,172	19,019
Basildon	15,408	9,201	24,609
Boarding Schools	-	726	726
Total 1968	112,037	72,245	184,282
Total 1967	107,018	69,484	176,502

Number of Schools

Primary Schools	495
Secondary Schools (including grammar schools)	116
Technical and other Colleges	10
Nursery Schools	2
Special Schools for handicapped children	16

Distribution of Special Schools

The 15 Special Schools in the Administrative County (excluding Notley Hospital School) cater for handicapped pupils in the following way:-

Category of handicapped pupil	Divisional Executive	Schools	Residential Schools	Sex	Accommodation
Educationally subnormal	Colchester	1	-	Mixed	120
	Mid-Essex	-	1	Male	58
	Mid-Essex	1	-	Mixed	110
	S.E. Essex	1	-	Mixed	120
	Basildon	1	-	Mixed	132
	Thurrock	1	-	Mixed	120
	Thurrock	1	-	Mixed	160
	West Essex	-	1	Female	65
	West Essex	-	1	Male	120
	Harlow	1	-	Mixed	112
Total		7	3	-	1,117
Maladjusted	N.E. Essex	-	1	Male	45
	N.E. Essex	-	1	Male	45
	West Essex	-	1	Mixed	42
	Total	-	3	-	132
Delicate and/or physically handicapped	N.E. Essex	-	1	Mixed	90
	Thurrock	1	-	Mixed	100
	Total	1	1	-	190

Children in Hospital Schools at end of 1968

During 1968 the number of children admitted to the Notley Hospital School was 409 and the number remaining on the roll at the end of the year was 45.

Number of School Clinics

Minor Ailments	28
Dental	50
Ophthalmic	20
Speech Therapy	40
Physical Medicine	5
Orthoptic	8
Enuresis	1
Audiology	3

Further details are referred to in Appendix J

MEDICAL INSPECTIONS

During the year ended 31st December 1968, 41,581 pupils were seen at periodic medical inspections and 19,010 at special inspections in comparison with 41,535 and 17,139 for the previous year, showing a small decrease in periodic examinations and an increase of 1,871 in special inspections.

Selective School Medical Examinations

The scheme for selective medical inspections was extended to the whole of the administrative County during 1968.

With the exception of a scheme which operated in Colchester Borough, the practice throughout the Administrative County in accordance with the Education Act 1944 was to undertake routine medical examinations of all pupils in maintained schools on three occasions during their school life, i.e. (a) on entering school, (b) at the age of 10-11 years, prior to commencing secondary education and (c) during their last year at school.

The School Health Service Regulations 1959 however refer to alternative schemes which may profitably replace routine medical inspections in the intermediate age groups and this is amplified by Ministry of Education Circular 352 dated 24th March 1959 which recommends that where it is possible for the school doctor to visit schools regularly (e.g. at least two or three times a term) it may be preferable for him to see on each occasion such children as are brought to his attention by parents, teachers or the school nurse, instead of seeing all the children of a particular age group at infrequent intervals. The Minister expressed the hope that this practice would continue to be developed as being likely to increase the efficiency of the preventive work of the School Health Service.

A proportion of local education authorities have been operating methods of selective medical inspections for varying periods and generally appear to be enthusiastic about the results, which aim at ensuring that any child whose condition from physical, emotional or mental cause is such that the child is failing to make satisfactory progress will be provided with continuing medical attention. In addition, it will ensure that the time of the Medical Officer is not taken up by those children whose medical history indicates that they are progressing satisfactorily, thus enabling him to concentrate more time on those who require observation. This will not mean however that any child will automatically be precluded from being medically examined since any parent who wishes may elect to have his child examined, irrespective of whether this is considered by the School Medical Officer to be necessary.

After discussion with the Divisional School Medical Officers a scheme of selective medical examinations was adopted throughout the Administrative County from the commencement of the Autumn term as follows:-

(1) *Examination at School Entry (5 years)*

This examination to remain comprehensive, and to include the testing of vision and hearing and an interview with the parent.

- (2) From the 7th year of age onwards the visual acuity of all children to be ascertained annually.
- (3) The present intermediate medical examination to be replaced by two selective examinations, the first being at 8½-9 years and the second at 12 years of age.
- (4) The final routine medical examination prior to the child leaving school to be substituted by an interview to be conducted by the school medical officer supported by further questionnaires completed by the parent and teacher respectively, at which the School Medical Officer may decide if it is necessary to examine the child further.

Findings at Medical Inspections
(see also Appendix A)

Physical Conditions of School Children

The number of children found to be unsatisfactory at medical inspections decreased from 67 in 1967 to 46 in 1968. A total of 3,632 pupils were found to require treatment for various conditions, 557 more than in the previous year, leaving 37,949 free from defects.

Periodic Medical Inspections: number of children with defects 1968

Age Groups inspected (by year of birth)	Number of children inspected	Number of children with defects requiring treatment	Ratio of children with defects to children inspected
1964 and later	201	27	1 : 7.4
1963	8,346	762	1 : 11.0
1962	11,990	1,036	1 : 11.6
1961	1,882	130	1 : 14.5
1960	605	54	1 : 11.2
1959	331	36	1 : 9.2
1958	332	45	1 : 7.4
1957	3,881	314	1 : 12.4
1956	2,315	240	1 : 9.6
1955	1,369	142	1 : 9.6
1954	2,187	171	1 : 12.8
1953 and earlier ...	8,142	675	1 : 12.1

Percentage found to require treatment

	Defective Vision	Other Conditions
1964 and later ...	3.98	9.95
1963	2.20	7.16
1962	2.24	6.66
1961	2.18	4.84
1960	2.31	6.94
1959	2.72	8.76
1958	4.22	9.33
1957	4.66	3.60
1956	4.92	5.83
1955	4.53	6.28
1954	4.34	3.57
1953 and earlier ...	5.08	3.07

The medical inspection of entrants increased by about 5,000, and the inspection of the intermediate group decreased by a similar amount. The total number of periodic examinations however, was virtually unchanged.

The percentage of pupils requiring treatment for defective vision increased generally at all primary school ages after being practically constant during the previous three years.

Cleanliness Inspections

During 1968, 148,553 pupils were inspected and 443 were found to be infested compared with 156,597 and 365 last year. Sixty-three cleansing notices were issued under Section 54(2) of the Education Act 1944 and 2 cleansing orders under Section 54(3).

The percentage of children inspected and found to be infested was 0.29% which is slightly higher than last year.

School Meals Service and Milk in Schools Scheme

The Chief Education Officer has once again been kind enough to supply me with a report on the School Meals Service and Milk in Schools Scheme as shown in Appendix B.

Treatment of Defects (see also Appendix A)

Diseases of the Lungs

Seventy four pupils were found at periodic school medical inspections to need treatment for diseases of the lung; 56 as school entrants, 8 school leavers and ten others. In addition, 863 pupils were recommended to be kept under observation.

At special inspections a further 12 pupils were found to require treatment and 40 were referred for observation.

As in the past, Ogilvie School, Clacton-on-Sea, continued to admit children with lung conditions sufficiently severe to classify them as "handicapped" pupils.

Heart Disease

At periodic medical inspections during 1968, 70 pupils were found to require treatment for heart conditions and 574 were referred for observation, 48 and 413 of these, respectively, were found amongst school entrants. In addition, 6 pupils were found at special inspections to require treatment and 19 were referred for observation for heart defects.

Diseases of the Ears

Hearing

The number of children found at periodic medical inspections to require treatment for hearing difficulties increased from 181 in 1967 to 325 in 1968. 251 of these were found in the "entrants" group. Those referred for observation also increased from 867 to 1,175; 1,001 being in the "entrants". In addition, 62 pupils at special inspections were found to require treatment for hearing defects and 71 were referred for observation.

Otitis Media

During the year 69 pupils were found at periodic inspections to need treatment for otitis media and 620 were referred for observation. Once again the majority i.e. 59 and 527 were found in the new school entrants.

Other

Only 12 pupils were found at periodic inspections to require treatment for other defects of the ear as against 37 for 1967 but the number of pupils referred for observation only dropped from 235 to 225. Two pupils were found at special inspections to need treatment for other ear defects and 21 were referred for observation.

Orthopaedic Defects

Posture

The number of pupils found at periodic medical inspections to require treatment and observation for postural defects dropped from 53 and 360 in 1967 to 36 and 295 in 1968. In addition, 3 pupils were found at special inspections to require treatment for postural defects and 11 were referred for observation.

Feet

During 1968, 178 pupils were found at periodic medical inspections to require treatment for defects of the feet and 1,243 were referred for observation. The majority of these, i.e. 107 and 877 were again in the entrants group.

At special inspections 14 pupils were referred for treatment and 54 for observation for defects of the feet.

Other

One hundred and eleven pupils were found at periodic medical inspections to require treatment for other orthopaedic defects and 849 were referred for observation.

Skin Conditions

During the year the number of children found at periodic medical inspections to require treatment for skin conditions was 260, i.e. 48 less than in 1967, and the number referred for observation also dropped from 1,334 to 1,129. Included in the figure of 260 was 1 case of scalp ringworm, 2 cases of scabies and 10 of impetigo.

Minor Ailments

The following table shows the number of pupils treated at Minor Ailment Clinics during the year under review, with comparative figures for 1967:-

	1967	1968
External and other eye diseases, excluding errors of refraction and squint	158	144
Diseases of the ear, nose and throat (non-operative treatment)	180	206
Skin diseases, excluding uncleanliness	1,373	1,775
Miscellaneous minor ailments (including enuresis)	1,687	1,341

Enuresis

During 1968 the Enuresis Clinic at Harlow continued to operate, and the following report has been received from Dr. I. Ash, Divisional School Medical Officer:-

The work of this clinic continued to be severely restricted owing to the shortage of medical staff. Only one session a fortnight was held during the latter part of the year after Dr. Hassan had terminated his appointment. There was a very long waiting list, and, whilst children were normally seen in the order in which they were referred, exceptions were made in the case of older pupils aged 10 years and upwards where obvious additional difficulties arise when they enter secondary school and where their disability may preclude them from special activities such as school camps, holiday schemes etc. As would be expected there were few such cases.

I give below details of the results of treatment.

Number discharged from Clinic:-

	New cases	Old cases	Receiving further treatment after relapse
Cured	2 (1)	19 (13)	3 (1)
Greatly improved	- (-)	1 (1)	- (-)
Failed to continue treatment	4 (8)	12 (10)	3 (2)
Referred for Child Guidance Clinic	1 (-)	6 (4)	- (1)
Temporarily closed	- (-)	2 (2)	1 (-)
Closed at parents request	- (-)	3 (-)	- (-)
Spontaneous recovery	5 (-)	- (1)	- (-)
Still under treatment	21 (32)	9 (20)	4 (13)
	<u>33 (41)</u>	<u>52 (51)</u>	<u>11 (17)</u>

Note: The figures in brackets relate to 1967.

Diseases of the Eye and Defective Vision

At periodic medical examinations during 1968, 5,178 children were found to have diseases of the eye, made up as follows:-

	Requiring Treatment	Observation
Vision	1,421	2,855
Squint	205	430
Other Defects ...	38	229
	<u>1,664</u>	<u>3,514</u>

Recuperative Holidays

One hundred and fourteen children were provided with recuperative holidays during 1968 under arrangements made through the School Health Service.

SPEECH THERAPY

The following table gives details of speech therapy referrals etc. for 1968 with comparable figures for 1967:-

	1968	1967
Referred for Speech Therapy	1,229	894
Commenced treatment	779	693
No. receiving treatment at end of year	870	804
No. on waiting list at the end of year	484	522
Total treated during year	1,547	Not available

CHILD GUIDANCE SERVICE

The Child Guidance Service continued throughout the year and details can be found in Appendix C.

The following is an extract from a Report made by Dr. J. Vincenzi, Medical Director at Chelmsford Child Guidance Clinic:-

"Cases referred to the Clinic

The number of cases referred to the Clinic during 1968 remained fairly constant at a figure of 360, but in addition to this there have been 52 new referrals at my Hospital Clinic held at St. John's Hospital fortnightly, which gives an overall increase. The source of the referrals is primarily the School Psychological Service, with General Practitioners, Head Teachers and parents the main secondary agents. It is encouraging to note that the average waiting period between referral and diagnostic appointment has decreased from over seven weeks in 1967 to just over six weeks in 1968.

Clinic sessions by Psychiatrists

There has been an increase in the number of sessions held by Psychiatrists from 378 to 417. This is accounted for by the one extra session per week which was granted in November 1967 and which is used for the weekly visit to Newport House Remand Home, where 57 girls were seen during 1968. The number of new cases seen at the Clinic was 296 - a considerable increase on last year's figure of 255. A total of 2,450 interviews were held by the two Psychiatrists at the Clinic and 160 interviews were conducted by me at my Hospital Clinic.

Placement of E.S.N. Children

There is still a great shortage of vacancies in Special Units and Schools and this makes constructive recommendations difficult. There is an urgent need for more places in day E.S.N. Schools and there appears to be no provision at all for severely disturbed children who are not necessarily in need of residential care. A day school for maladjusted children, based on Chelmsford, would be an enormous asset."

Dr. J. N. Runes, Medical Director of the Basildon Clinic, writes as follows:-

"We experienced considerable staff changes during 1968 again, mainly of Educational Psychologists. We obtained the services of one full time and three part time Psychologists. This proved of great help in our work but we still remain handicapped by having to rely entirely on one overworked Social Worker. It has to be emphasised that this lack of assistance from an adequate number of Psychiatric Social Workers or Social Workers leads to an increase in the case load of the Psychiatrists and to a reduction of the overall number of cases that can be seen at the Clinic.

The vacancy of a Psychotherapist has now remained unfilled for about nine years. On the other hand, some help was afforded with the problem of our patients whose disturbance results in educational failure, by the re-establishment of Tutorial Classes

I was able to continue the fruitful co-operation with the Paediatrician of St. Andrew's Hospital in the form of Joint Clinics, which are held alternately at Basildon and at the St. Andrew's Hospital Out-patients Department. As far as time allowed sessions were held at the Child Development Groups in the S.E. Division; also group meetings with Houseparents in charge of Family Group Homes run by the Tower Hamlets Borough or the Basildon Local Authority, were held in Basildon.

We were able to enlarge our Clinical Conference by occasionally inviting School Counsellors, Headmasters and Social Workers concerned with particular cases. We were in a position to introduce to child psychiatry health visitor students as well as medical students from St. Bartholomew's Hospital, by giving them the opportunity of visiting the clinic.

A happy development was the establishment of a permanent clinic in Thundersley. This entailed the closure of the psychiatric sessions at the provisional clinic in Hadleigh, which is now solely concerned with the School Psychological Service.

As could be expected, the number of referrals increases annually on account of the fact that we operate in a steadily developing area. As regards cases there was an increase of referrals on account of school refusal, in particular of young adolescents. We found it again difficult to find places for these disturbed youngsters in Hospital Wards dealing with adolescents. Girls presented a particular problem as places for them are practically unobtainable. With younger children we were much better off as the two Psychiatric Units for young children in Essex were able to help us in urgent cases; admissions depended however on the size of their waiting lists.

The general tendency in our field of work seems to lie in the direction of family treatment rather than "Child Guidance" in the established sense of the word. Maintaining the term "Child Guidance" leads to resistance on the part of older children as well as a refusal of the parents on occasions to discuss in a wider perspective, problems that are connected with the child's difficulties. A move towards establishing a more acceptable name for the clinical entity ought to be envisaged and the solution of the Chelmsford Clinic, which describes itself as "Centre for Family and Educational Problems", could perhaps be adopted for our main and subsidiary clinic."

Dr. R. M. Gabriel reports as follows regarding the Child Guidance Service in Harlow and West Essex Divisions:-

"It is not possible to separate the work offered by this Service into Harlow town and West Essex although the Loughton branch, now having a psychiatric social worker, psychotherapist and psychologist directly attached is able to function as an independent unit under its medical director, Dr. J. Waldman, and provides the full range of diagnostic, consultative and therapeutic facilities for its community area.

The Harlow clinic continues to serve Harlow and the northern part of the West Essex area, although branch facilities in, say, Saffron Walden will help greatly when they arrive.

Meanwhile there have been certain further moves to explore the advantages of some of the Seebohm Report's suggestions. Closer links are being made with the Area Children's Office and the Family Guidance Unit in the hope that an integrated case load may one day be possible.

From the staffing angle, Harlow has recently lost its psychotherapist, Mr. Edwards, and it is proving difficult to replace him because we do not offer salaries comparable with neighbouring areas. Likewise, our social workers are now on a lower salary scale than Hertfordshire and many London Boroughs and it is only the attractiveness of the Harlow Clinic which makes them stay. If an integrated social service is coming it seems more than obvious that our social workers should be paid at least on the scale of the workers who use them in a consultative capacity.

The Harlow premises are suitable to our current needs although some difficulty is occasioned by having to accommodate students - a task which however we find both a duty and a pleasure. Harlow regularly takes two or three child care and Certificate of Social Work students and Loughton has now taken one student. The Loughton premises are not adequate and it is hoped that better provision will be

shortly forthcoming. Loughton also needs further social work establishment and increased secretarial time in order to function more effectively."

Staffing

The staffing establishment and the numbers in post at 31st December, 1968 are shown in Appendix J.

Referrals

The following table shows the number of referrals to Child Guidance Clinics and the sources:-

Source of Referral	Number	Per cent
School Medical Officers and Health Visitors	340	19.4
General Practitioners	353	20.1
Consultants	82	4.7
Educational Psychologists	286	16.3
Head Teachers	218	12.4
Children's Officer	87	4.9
Probation Officers	26	1.5
Magistrates	19	1.1
Direct referrals	253	14.4
Others	91	5.2
Total	1,755	100.0

The School Psychological Service

Once more I am indebted to the Chief Education Officer for the Report by the Psychologist to the Education Committee which can be found in Appendix D.

AUDIOLOGY SERVICE

The Audiology Clinics in Chelmsford, Colchester and Rayleigh continued throughout the year under the supervision of Dr. A. N. Cammock. The following comments have been received from the Divisional School Medical Officers:-

Chelmsford. Otology clinic sessions have been held regularly at Springfield Green Clinic with Dr. Cammock, the Consultant Ear, Nose and Throat Specialist in attendance. Children whose hearing would be no further improved have, where necessary, been provided with hearing aids. Others have been referred to local Ear, Nose and Throat Specialists for surgery.

Colchester. Hearing handicapped children in the Division continued to attend the audiology clinic in Colchester and to receive the help of the peripatetic teacher. It has been possible to increase the capacity of the clinic slightly and it has dealt with 70 referrals against 44 in the previous year.

Rayleigh. With the completion of the new Audiology Unit at Rayleigh Clinic in the early part of the year, conditions for the operation of this service from the point of view of both patients and staff, can at last be described as ideal.

Dr. Cammock attends the Unit two out of every three weeks and there is no appreciable delay before children are seen.

A total of 90 new cases were referred to the Unit during the course of the year. 76 of these coming from the South East Essex division, the remainder being referred from the County Borough of Southend, Mid-Essex and Basildon areas.

In all a total of 148 children were dealt with, of which 15 were found to have normal hearing and in 4 cases, normal hearing returned after treatment.

At the end of the year, 87 children were under treatment.

The Report of the Advisory Teacher of the Deaf is given in Appendix E.

HANDICAPPED PUPILS

Blind and Partially Sighted Pupils

Twenty-eight pupils were registered as blind at the end of 1968, the same number as last year, 20 were at residential special schools, 3 at day special schools, one at an ordinary school and 4 were awaiting placement. Sixty children were registered as partially sighted; 14 were at day special schools, 25 at residential special schools, seven were awaiting placement and 14 were not considered to require special educational treatment. Five of the children on the register as partially sighted were under 5 years of age.

Deaf and Partially Hearing Children

During 1968 eight children were newly assessed as deaf and 24 as partially hearing. At the end of the year 55 children were ascertained as deaf and 189 as partially hearing.

The placement of the deaf children was 22 at day special schools, 29 at residential special schools, one at ordinary school and one elsewhere. Two were awaiting placement. Of the partially hearing pupils, 51 were at day special schools, 43 at residential special schools, 29 at ordinary schools and 5 elsewhere. Of these, 16 were under five years of age. Fifteen pupils (6 under 5 years) were awaiting placement and 46 were not considered to require special educational treatment.

I am indebted to Dr. D. A. Smyth, Divisional School Medical Officer for the South-East Essex Division, for the following reports on the special units for partially hearing at the Edward Francis County Junior School and Glebe County Infants School:-

Edward Francis County Junior School

"Nine children are now enrolled in this unit, which is operated by one teacher of the deaf, helped by one welfare assistant. The children's ages range from seven to thirteen years, and they come by taxi from Tilbury, Canvey, Benfleet, Chelmsford, Billericay, Great Wakering and Rayleigh. One boy from Basildon was recommended for transfer to Larchmoor School for maladjusted deaf children at Easter, otherwise there would be ten on roll. Comments on children which follow exclude this boy.

All the children except one with a conductive loss have perceptive hearing losses, the causes of which are:

1.	Damage at birth	-	3
2.	Heredity	-	1
3.	Childhood illness		2
4.	Unknown	-	3

The average hearing loss for the unit children is 64.8 db., but the range in individual children is from profound deafness (2 children) through to very slight losses (2 children). Their average I.Q. is 101.1, again presenting a range from 80-135. Four children suffer other handicaps which affect their social and educational progress at school. One girl has structural Scoliosis, one boy has athetosis, another

boy suffers from a tendency to vomit after meals, while a third boy comes from an extremely unstable and unsatisfactory home.

Attendance throughout the year has been very good for all the children except the girl suffering from scoliosis. She suffers with chronic chest infections and has been absent the whole autumn term.

Two children have attended clinics for treatment, the scoliosis patient has had extra speech therapy following the insertion of a Portex tracheostomy tube, and one boy has been seen once by the Psychologist, Mr. Cornwall. My welfare assistant has worked in close collaboration with Mrs. Williams, the Health Visitor at Great Wakering in the case of the boy from the unsatisfactory home.

All the children attend the hospital where their deafness was first diagnosed, for a check-up and assessment of their progress.

All the children are now integrated fully into normal hearing classes returning to the unit for half hour tuition daily, and all except the scoliosis patient participate fully in every aspect of school life. With the exception of one profoundly deaf boy, all are performing with average or above average attainment in basic school subjects.

The equipment which makes this possible is one fully equipped unit classroom now complete with storage cupboards, mirror and coat hooks supplied this year. Three classrooms are each equipped with a loop amplifier and two magic carpets supplied this year by Dunlop Semtex (we have had great difficulty finding a material suitable for this, I'm sure here is an avenue for research).

The school television, the unit gramophone and tape recorder are modified for transmission through all loop systems. The children's hearing aids are supplied either by Phillips or the National Health. They are maintained at school with leads and batteries supplied by Southend Hospital but responsibility for servicing and repairs rests with the parents. All school equipment except that supplied by Amplivox is serviced now by Visual and Aural Aids.

Following a meeting of those concerned with Partially Hearing Units in South East Essex and the subsequent report, a series of lectures was given at Glebe Infants' School for parents of unit children. Miss Johnson attended a Mathematics Course at Manchester University.

The Unit attracts many visitors. Those who came to further their education were:

Three students from Southend outpost of Brentwood College of Education.

One student from the University of London, Institute of Education Course for Teachers of the Deaf.

Mr. Jenkins from Thurrock.

With the close co-operation of the school staff, Social Welfare Departments and the hospitals, these eight children are being given every opportunity and help to develop normally in a hearing, talking society. However handicapped children do put a strain on a teacher with a large class, and eight is the maximum number that can be taught in one day in the unit - ½ hour for each child. Daily contact with each child is very important if the children are to be helped to cope with life in a normal hearing school.

Glebe County Infants

In January 1968 there were - 7 infant children

7 nursery children (plus 3 hearing children)

During the year 10 new children were admitted and 6 children were transferred; three to East Anglian School for the Deaf at Gorleston, and three to the Newham School for the Deaf.

The three children who were transferred to Gorleston had a severe degree of hearing loss, one was also physically handicapped and the other two also had difficult home circumstances.

The three children who were transferred to Newham also had a severe degree of hearing loss.

In September Miss J. Marsh was appointed to the vacant position in the P.H.U. after completing her course at Manchester University. A new nursery nurse was also appointed.

Delicate Pupils

There were 330 children on the register ascertained as delicate at the end of 1968, of these 93 were at day special schools, 105 at residential special schools, 9 elsewhere, 19 awaiting placement and 104 not thought to require special education treatment. Only 4 of all these children were under 5 years of age.

I am indebted to Dr. T. D. Blott, Divisional School Medical Officer for the following report on the Branwood Open Air School at Thurrock:-

Branwood School. The number of children on roll has now risen to 87 - the highest number since the school was transferred to the present building. There are fourteen children awaiting admission.

The school has the services of a full time qualified nurse, which has resulted in an improvement in the medical supervision of the children. Remedial treatments, rest periods and prescribed medicines continue to receive careful attention and it has been possible to give one hygiene and mothercraft class per week. Personal hygiene is limited by the lack of shower facilities. All children have a head, hand and foot inspection twice per term, while children attending the swimming pool have a weekly 'verruca' and 'clean feet' inspection.

Unfortunately, it has not been possible to find a replacement for the Occupational Therapist who resigned at the end of last term and, therefore, this form of treatment has been curtailed until a suitable replacement is appointed. The school is unable to provide adequate facilities for physiotherapy, although a physiotherapist attends the school for one afternoon session per week to deal with the more urgent cases.

Approximately 24 children attend Blackshots swimming pool for one session per week and it is hoped that those children in need will be able to attend Orsett Hospital for hydrotherapy treatment. A fund has been opened to raise money to provide a swimming/hydrotherapy pool in the school.

School roll divided by handicap -

Brain damage	5
Heart	6
Physical handicap	16
Delicate	30
Asthma/Bronchitis	30
	<hr/>
	87
	<hr/>

Educationally Subnormal Pupils

This is the category of handicap with the largest number of pupils i.e. 1,506, a slight increase on 1967. Of these, 268 were newly ascertained during the year. The placements were as follows:-

Deaf Special Schools	854
Residential Special Schools	223
Ordinary Schools	50
Elsewhere	18
Awaiting placement	242
Registered but not requiring S.E.T.	118
Total	<u>1,506</u>

The new Treetops Day School for the educationally subnormal was opened in Thurrock during 1968 and Dr. T. D. Blott, Divisional School Medical Officer, makes the following comments:-

"The new school was completed in 1968 and now contains 124 children, 71 boys and 53 girls. The headmaster and staff are pleased with the buildings and very grateful to the County for the generous equipment provided. The dining tables and stages are the first of their kind to be used in Essex Schools and have been a great success.

The Interest/Experience/Activity playground has continued in use and is an ever popular part of the school, assisting the Physical, Intellectual, Emotional and Social development of the children.

Throughout 1968 negotiations have proceeded in an attempt to acquire a mini-bus for school activities. These have been successful and on 3rd March 1969 the school will be presented with a new twelve seater Morris mini-bus by the Variety Club of Great Britain.

A project to heat and cover the Purley Swimming Pool and erect it on its new site has been started and will be completed in 1969.

On Tuesday, 18th June 1968, the first meeting was held of Treetops Club, a voluntary club for children in special need. The Headmaster is pleased to report its success."

I am indebted to the Headmaster of Cedar Hall School for Educationally Subnormal for the following report on the activities of the school during the past year:-

"The number of children attending Cedar Hall during the past year has necessitated a waiting list, which should quickly disappear once the two unit classroom is completed.

The Assessment Committees have proved to be most valuable in bringing all interested parties together to consider individual children, their problems and future education.

It is the Headmaster's considered opinion that a residential hostel should be provided close to Cedar Hall, to accommodate, for either a long or short stay, pupils whose parents, either through mental or physical illness, are unable adequately to

attend to their children's various needs. Furthermore to act as a hostel for those who, upon leaving school, require a specialised form of after care. A Youth Club as an integral part of the unit would provide a meeting place for those in their final years at Cedar Hall and those at work. At the same time withdrawn or over protected children would benefit from a short stay. During vacation time the accommodation could be used as a base for educational expeditions or a holiday home for deprived or needy children. Whilst this project has been passed by the Governing Body of Cedar Hall as being highly desirable, the economic climate is such that no further work has been done. This is a very shortsighted view, for children who, after leaving school, fail because of inadequate supervision or preparation have to be taken into care or into mental health establishments, not only prove to be costly in terms of money and time but also are a complete loss to the nation in earning power. Worse than all this is the sacrifice of a human being on the altar of short sighted finance. If we don't pay now we pay later and meanwhile lives may be destroyed because we are afraid to say this is necessary now.

In this area there are no day facilities for maladjusted children and the Headmaster would like to see a unit provided at Cedar Hall for these children and also for those children who have been excluded from normal schools because they are behaviour problems and are now receiving home tuition. Ground is available at Cedar Hall and transport arrangements are already in existence.

The Parent Association called 'The Friends of Cedar Hall' have worked exceptionally hard during the past year and have raised enough money through donations, fetes and rummage sales etc., to purchase a 15 seater Minibus, to be used for educational purposes. The 'bus' is proving invaluable in taking boys and girls, who are in their final years at Cedar Hall, on visits to various industrial premises as part of the Pre-Leavers Programme. Without this extra facility it would be practically impossible for these visits to take place. All pupils have used the Mini-bus for educational journeys, viz. Tower of London, Southend Airport, Appleton School, Festival of Flowers, the Essex Show etc., whilst the major visit of the year was a 15 day camp at Danbury Park in July.

An interesting exchange visit was arranged with another Special School, Durrants from Enfield, a return visit is envisaged for next year.

The swimming carried out at Love Lane School resulted in a number of children being awarded swimming certificates whilst others gained a Cedar Hall award to signify being, (i) able to swim, (ii) to swim a width, (iii) to swim a length.

Officers of the Basildon Constabulary have given Road Safety talks and distributed literature.

Educational standards of one pupil improved to such an extent that it was possible for him to continue his education at a Comprehensive School.

At Christmas, pupils entertained local Senior Citizens to a party at Cedar Hall, parents and staff providing the food. The O.A.P's were delighted to feel wanted, to meet and join the children in Carols, whilst children derived great pleasure and understanding from the meeting. The Carol Service and tableaux was held through the kindness of the Rev. Woodcock at Thundersley Church of St. Peter's on 17th December."

Children ascertained as unsuitable for education in school

Sixty five children were ascertained during 1968 as unsuitable for education in school and referred to the Health Committee. Five children already referred to the Health Committee were re-ascertained and re-admitted to the educational system.

Maladjusted Pupils

Four hundred and two children were on the register at the end of 1968 having been ascertained as maladjusted. Eighty-eight of those were newly ascertained during the year. Of those ascertained, 279 were at residential special schools, one at an ordinary school and 14 elsewhere. Sixty children were awaiting placement and 38 were not thought to require special educational treatment.

The three special schools for maladjusted pupils in the County continued to operate throughout the year as did the Hostel at Doucecroft, Kelvedon, which accommodates 16 boys who attend local schools.

Epileptic Pupils

At the end of 1968 there were 48 children on the register who had been ascertained as epileptic, 11 of whom were newly ascertained during the year. Of the 48, fourteen were at residential special schools, two at day special schools and four elsewhere. There were four children awaiting placement and 24 not thought to require special educational treatment.

Physically Handicapped Pupils

There were a total of 397 children on the register as physically handicapped at the end of the year. Of these, 59 (15 of whom were under 5 years of age) were newly ascertained during the year. The placement of these pupils was as follows:-

At day Special Schools	82
At Residential Special Schools	81
At Ordinary Schools	5
Elsewhere	20
Awaiting placement	19
Not requiring special educational treatment	190
Total	<u>397</u>

B.C.G. VACCINATION

School children and students in attendance at establishments for further education continued to receive vaccination to give protection against tuberculosis during 1968.

The following table gives details of the vaccinations carried out:-

Division (1)	Number of Children Skin Tested (2)	Positive Reactions at Preliminary Test		Number of Children who received B.C.G. Vaccination (5)
		Number (3)	Percentage (4)	
North-East Essex	1,486	55	3.7	1,353
Mid-Essex	1,051	115	10.9	936
South-East Essex	849	18	2.1	733
West Essex	3,798	345	9.1	3,056
Harlow	804	43	5.3	673
Thurrock	1,325	168	12.7	1,040
Basildon	1,609	113	7.0	1,460
Colchester	1,155	26	2.3	1,076
Administrative County	12,077	883	7.3	10,327

INFECTIOUS DISEASES

Appendix G of this Report gives a table showing the number of notifications of infectious and other notifiable diseases received during 1968 in respect of school children. It will be noted that notifications in respect of measles were only 1,116 as against 7,009 for 1967. A new category has been added from 1st July 1968 relating to "Infective Jaundice".

HEALTH EDUCATION

The expansion of health education in schools, technical colleges and youth clubs which I reported last year continued throughout 1968.

Particular emphasis was given to parent teacher's association meetings and these were very well attended. A feature of these meetings was the very keen interest shown by the parents and their response to participate in discussion has been most gratifying.

Health education courses have increased particularly in secondary schools. Such courses normally covered the whole term but in some instances arrangements were made to repeat the course each autumn with fourth and fifth

form pupils. These courses deal with a wide range of subjects and appropriate visual aids were used to supplement the talks and to "drive home the message".

In co-operation with the tutor organiser of the Education Department, health education was introduced into a primary head teachers' course where one session was devoted to this subject each week for five weeks. This was followed by a more ambitious programme in the autumn for day release teachers in secondary schools which covered a period of five full days and in fact was the first time such a course had been arranged. It proved to be most successful. Health education lectures supported by films were given by specialist speakers on relationships between the sexes, promiscuity, venereal disease, nutrition, mental health and addictions.

An aftermath of these courses was the many enquiries from head teachers for advice and assistance in arranging health education in their schools. Further courses are to be arranged and "in-service" training is to be given to members of the divisional staff who assist in this work.

In conjunction with divisional and borough education officers, meetings were arranged in all divisions for heads of schools and deputies to discuss the question of drug misuse by young people. All the meetings which were held in February and March, were well attended and created considerable interest. As a result there was an increased demand for talks to schools and technical colleges on this subject and I wish to acknowledge the help and co-operation given by members of the Chief Constable's staff in presenting talks on the police aspect which were given in liaison with members of the Central Office Health Education staff.

Veneral Diseases

Following requests for talks on venereal diseases the Principal Medical Officer and the County Health Education Organiser gave lectures at Mid-Essex Technical College, Chelmsford High School for Girls and at a number of senior schools in the Administrative County. In most cases the talks were supported by appropriate visual aids.

"Blue-Print" for Health Education

During the year a working party was established to discuss the future of health education in schools and to formulate, with the Education Department a health education programme for use in schools. The working party included members of the staff of the Education and Health Central Departments, two headmasters, representing primary and secondary schools respectively, and a health education lecturer from an Essex College. Several meetings of the working party were held during the year and considerable progress made. A basic document for teacher training was formulated for approval and separate sub-committees are now dealing with health education for nursery schools and clinics for the under fives, infants and junior schools, senior schools, youth services and for technical colleges.

Over 100 film shows were given in schools and technical colleges during the year to supplement talks on all aspects of health education.

PHYSICAL EDUCATION

I am once again indebted to the Chief Education Officer for the Report (Appendix H) by the Senior Adviser of Physical Education.

School Swimming Pools

The number of swimming pools at schools in the County continues to increase and over 80 are now in use.

It is standard procedure to maintain "break-point" chlorination in pool water, giving a free chlorine content of about 1 p.p.m. Difficulties occurred with certain types of chlorinators using hypo-chlorite solutions, but it is anticipated that an alternative method of chlorination using tablets or granules containing chlorinated cyanurates will prove satisfactory. Experiments on their use during 1968 were encouraging, and their comparative ease of application suggests this method of chlorination may become extensively used.

In addition to the frequent readings of chlorine levels and pH values made by teachers or caretakers by means of comparators, 178 samples of pool water were submitted to laboratory bacteriological examination. 165 of these were found to be satisfactory.

ROAD ACCIDENTS

I tender my thanks to the Chief Constable of Essex for the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1968 there were 14 fatal accidents. Of the children concerned, 10 were killed as pedestrians and 3 as pedal cyclists.

Child pedestrians injured 569

Child pedal cyclists injured 288

Children injured (other than as
pedestrians or pedal cyclists) ... 385

Casualties by age groups, 1968

0 - 1	..	...	...	...	...	...	8	(-)
1 - 2	...	...	...	...	...	...	27	(-)
2 - 3	...	...	...	...	...	...	58	(-)
3 - 4	...	...	...	...	...	...	78	(-)
4 - 5	...	...	...	...	...	...	87	(-)
5 - 6	...	...	...	...	...	...	91	(-)
6 - 7	...	...	...	...	...	...	91	(4)
7 - 8	...	...	...	...	...	...	93	(1)
8 - 9	...	...	...	...	...	...	106	(2)
9 - 10	...	...	...	...	...	...	99	(1)
10 - 11	...	...	...	...	...	...	91	(-)
11 - 12	...	...	...	...	...	...	92	(-)
12 - 13	...	...	...	...	...	...	105	(3)
13 - 14	...	...	...	...	...	...	101	(2)
14 - 15	...	...	...	...	...	...	115	(1)
							1,242	(14)

The figures in parentheses denote the numbers killed.

Children up to 5 years were responsible for 128 accidents and from 5 to 15 years to 666 accidents.

The main causes of accidents for which children were responsible are shown below:-

	Up to 5 years	5-15 years
Pedestrians crossing road NOT masked by a vehicle	65	250
Pedestrians crossing road masked by stationary or moving vehicle	45	122

	Up to 5 years	5-15 years
Cyclists turning right without due care	-	57
Cyclists losing control or inexperienced	-	32
Cyclists not paying attention	-	23
Cyclists pulling out from offside or nearside without due care	2	19
Crossing road junction without proper care	-	12

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER 1968

Staff

The establishment remained at one Principal School Dental Officer, eight Area Dental Officers and 40 Dental Officers and the number of dental officers of all grades in post on 31st December 1968 was the full-time equivalent of 27.02, compared with 28.3 at 31.12.67. It will be seen that the difficulty in recruiting suitable dental staff continues and the number in post is inadequate to inspect, and subsequently to carry out treatment needed by all the school-children for whom the Authority is responsible. The ratio of dental officers to pupils for the County as a whole is approximately 1 : 6,500 but the distribution is uneven. For example, the staffing position is good in the Colchester and Basildon Divisions but grossly inadequate in the Thurrock and Harlow Divisions. It is not practicable, even if it were desirable, to even out the distribution of the dental staff by transferring officers from relatively well staffed areas to the less well staffed because of the distances involved. Bearing in mind the number of pupils who elect to receive treatment from dental surgeons in practice, a ratio of 1 dental officer to some 3,500 pupils is required to enable the Authority to give full comprehensive dental services to all school children.

Vacancies have continued to be advertised and it is hoped that when the financial aspect allows the establishment of the grade of Senior Dental Officer, the County's services will be made more attractive by offering a career structure with more opportunities for promotion. It is also hoped to be able, in the near future, to employ Dental Auxiliaries who could give much needed strengthening to the treatment service. Dental auxiliaries are young ladies who receive a whole-time two year training course in the conservation and prophylaxis of teeth but cannot replace dental officers both by reason of the limitation of their training and by the fact that they must be supervised by a registered dental surgeon. Nevertheless, by carrying out a great deal of the routine treatment to the supervising dental officer's prescription, auxiliaries enable the dental officer to spend more of his time on the more complex and difficult forms of treatment.

Liaison with other branches of the profession was maintained by the Principal School Dental Officer's attendance at meetings of the Local Dental Committee and of the Dental Advisory Committee of the North East Metropolitan Regional Hospital Board and through meetings of the British Dental Association. Such liaison ensures co-operation with other professional groups and it is noteworthy that Mr. Byrom was President of the Essex branch of the British Dental Association as well as Chairman of the London and Home Counties Division of the Public Dental Officers Group of the Association during the year under review.

Dental Ancillary Workers

As mentioned previously, no dental auxiliaries were employed during the year. Although the authorised dental establishment includes two Dental Hygienists, none were employed and advertisements of a vacancy for one such

post, with duties mainly concerned with dental health education, elicited no suitable replies.

The full-time equivalent of 33.8 Dental Surgery Assistants were in post at the end of the year i.e. one assistant for each dental officer with additional assistants to cover general anaesthetic treatment sessions. Tribute is paid to the loyal and conscientious work of the dental surgery assistants without whose help at the chairside and in record keeping and arranging appointments, the dental officer's task would be very much more onerous. Dental surgery assistants are encouraged to study for the examination of the Dental Nurses Association in order to improve their knowledge and understanding of dentistry and four were successful in passing the examination during the year.

Since the closing of the Barking Dental Laboratory in 1967, no dental technicians were directly employed by the County Council. Dentures and orthodontic appliances were constructed by outside technicians to the profession and the arrangements worked quite satisfactorily during the year.

Clinics and Equipment

At the end of the year, there were 39 fixed clinics with one surgery and 8 clinics with 2 surgeries giving a total number of 56 surgeries available, of which 50 were in regular use. No mobile clinics were owned by the Authority. The arrangement whereby premises of general dental practitioners at Brightlingsea, Clacton and Caversham (near Reading for the Kennylands school children) were hired on a sessional basis, continued.

Clinics built in recent years are attractive and excellently designed to provide good working conditions. However, few include a second surgery to accommodate a dental auxiliary and although in some cases another room within the dental suite could be converted to a second surgery, consideration will have to be given in the future to the provision of mobile clinics which could be moved from clinic to clinic and parked in the grounds of fixed clinics for use by auxiliaries.

Inevitably there exist clinics of the older type which do not offer ideal working conditions but these will be gradually replaced by new clinics under the provisional building programme. It would appear that most future clinic building will be of the health centre type with separate dental accommodation for the School Health Service and the National Health Service. In those health centres built or proposed, the local authority dental accommodation is very satisfactory and more than one surgery is provided.

New clinics with excellent one-surgery dental suites were opened during the year at Tiptree and Stanford-le-Hope. New dental suites were added to existing Health Services Clinics at Braintree and Burnham-on-Crouch whilst new clinics to replace older premises were opened at Waltham Abbey and Thundersley. Unfortunately, staff shortage prevented the new Thundersley dental clinic being brought into use by the end of the year.

The equipment provided in all the County Councils dental surgeries is satisfactory. All have airtor drills, modern general anaesthetic apparatus, units

and lights. A few clinics require the provision of x-ray machines and compressed air. It is felt that a start should shortly be made in providing high-velocity low-vacuum aspirators in each surgery to ensure a clear dry field when using high speed water spray drills and in case of general anaesthetic emergencies.

When planning new equipment, consideration is given to the movable type allowing greater flexibility in arrangement to suit individual operators.

Arrangements for monitoring the staff concerned with x-ray work were continued and no reports of undue ionising radiation were made as a result.

Inspection and Treatment

The totals of dental inspections, attendances and the types of treatment carried out during the year appear on page 46. The figures appearing in parenthesis hereunder refer to 1967.

A total of 81,633 (87,393) children, together with 23,488 (23,225) inspected at clinics, were routinely inspected at school. Thus 105,121 pupils out of a total school population of 180,000 received a dental inspection during the year - approximately 58 per cent. Efforts to increase the percentage of children routinely inspected at school are frustrated by staff shortage and by the existing treatment work load. Policy remains to provide emergency cover for all children and to restrict offers of full treatment to that number of children for whom it was possible to complete treatment within a reasonable period.

44,078 (47,134) pupils were found to require treatment, i.e. 42% of those inspected and 42,230 (45,150) were offered treatment. A further 9,968 (9,096) children were re-inspected at school or clinic during the year, of whom 5,464 (4,803) were found to require treatment.

26,617 (24,655) individual children made 70,093 (64,027) attendances for treatment during the year, the average number of visits each child made being 2.6 (2.4). 30,746 (27,645) courses of treatment were undertaken, of which 23,579 (21,601) plus 2,893 (2,678) emergency treatments were completed i.e. 76% (78%). As in the previous year, on average there were 6.6 patient attendances for all kinds of treatment per half-day session.

23,137 (21,407) fillings in deciduous teeth and 32,988 (30,268) fillings in permanent teeth were carried out. 11,726 (11,556) deciduous teeth and 3,190 (3,010) permanent teeth were extracted, the ratio of permanent teeth extracted to permanent teeth conserved - 28,254 (26,111) being 1 : 8.8 (1 : 8.6).

6,039 (6,048) general anaesthetics, all of which apart from 103 were administered by medically qualified anaesthetists.

The need for orthodontic treatment continued and 515 (455) new cases were started during the year and 344 (258) were completed. 177 (175) children requiring rather more complex orthodontic diagnosis and treatment were referred to the hospital consultants. 710 (613) removable orthodontic appliances were fitted, these having been constructed by outside dental technicians.

87 (65) dentures were supplied, also constructed by outside dental technicians, the majority of these for patients unfortunate enough to have lost teeth as a result of accidents. 72 (69) crowns and 14 (22) gold inlays were also constructed during the year.

In general the pattern of treatment carried out was similar to that of previous years and the increase in the total number of sessions devoted to treatment 10,620 (9,679) and of permanent teeth filled, 28,254 (26,111) is heartening.

Approximately 6.7% of the dental officers' time was spent on the inspection and treatment of pre-school children and expectant and nursing mothers.

Pupils at all schools for the mentally and physically handicapped maintained by the Authority received dental cover.

Dental Health Education

Dental health education in Essex is regarded as an integral part and an important function of the school dental service. The aim is two fold: firstly to try by education in oral hygiene and diet to cut down the incidence of dental disease and secondly to try and ensure that treatment given is not wasted by subsequent neglect of oral care by the patient. To some extent during the year under review, dental health education efforts were frustrated by lack of personnel to carry out this work in the schools. The treatment needs are so great that the dental officers cannot afford to spend a great deal of their time on dental health education although 102 (121) half-day sessions were spent in this way. However, it should be remembered that members of the dental staff, including the Chief Dental Officer and the County Health Education Officer, spent a good deal of time out of working hours voluntarily attending P.T.A. and women's club meetings in the evening to talk about dental health and that this time is not shown in the statistical returns. Nevertheless, full dental health campaigns were carried out during the year in the following schools - Lawford Mead, J. & I, Chelmsford, Meadgate Primary & I, Chelmsford, Parkeston C.P., Harwich, Ivy Chimneys C.P., Epping, Aveley J. & I, Aveley and Mistley Norman Primary, Mistley, and "Dental Health" was one of the themes of the Health Department's exhibit at the Essex County Show in June. Following a series of lectures to heads of all primary schools throughout the administrative County on health education, which included dental health, requests were received for the full dental health campaign to be held in numerous schools and plans were made to expand considerably this aspect of the work in subsequent years, priority being given to the West Essex Division initially.

Essex County Council has been a pioneer in dental health education and has led the way that other authorities now follow. With the appointment, to take effect in January 1969, of a dental surgery assistant specifically for duties in connection with dental health education it is hoped that considerable expansion of such work in the schools will be possible. The continuing help of the Oral Hygiene Service and the General Dental Council with posters and literature, and of the Fruit Producer's Council in making available supplies of apples during campaigns in school, is gratefully acknowledged.

Special Investigations (Research)

Mr. French, Area Dental Officer to the West Essex Division, continued during the year a survey of the dental health of children in their first and last years at primary school which was started in 1966 in the Chigwell, Loughton and Saffron Walden districts. It is intended to repeat this survey in 5 years' time in order to see if the sustained Dental Health Education campaign in the Loughton Area results in higher standards of oral hygiene and dental fitness.

Mr. French's interim report of the survey appears in Appendix I on page 67 of this Report.

Epidemiological work by members of the dental staff is encouraged but the amount of time that can be spent on this type of work is limited by the need for treatment.

Fluoridation

Following the issue of Circular 24/68 dated 20th June 1968, wherein the Minister of Health urged all local health authorities to adopt fluoridation at the earliest possible date, the matter was again considered by the County Council. Whilst it was recognised that fluoridation of water supplies would eventually reduce expenditure by both the local health authority dental services and by the general dental services, it would be difficult to justify the heavy cost involved, estimated capital expenditure of £150,000 and annual running costs of approximately £83,000 at the present time. Having regard therefore to the current economic situation, it was decided that no action be taken at present but that discussions should take place with the appropriate Government Departments concerned, who have experience of the many technical problems involved, with a view to determining which source of supply in the County would be most suitable for inaugurating a scheme as soon as the necessary financial provision can be made.

Post-Graduate Courses

Two of the Area Dental Officers attended a post-graduate two-day residential course in orthodontics, arranged by the Public Dental Officers Group of the British Dental Association, held at the University of Keele in April.

The Principal School Dental Officer and one Area Dental Officer attended the Annual Conference of the British Dental Association held at Brighton in June. The value of such courses and conferences lies not only in the academic content but also the broader outlook on dental matters induced by contact and discussion with members of the profession in other parts of the country and in other spheres. The attitude of the County Council in sending members of the dental staff on such courses is enlightened and is much appreciated.

Other Observations

Plans for future development and expansion of the School Dental Service are dependent upon the present need to limit expenditure and to some uncertainty about the future organisation of the health services. It would seem

likely, however, that there will continue to be a need for a salaried dental service responsible for the inspection and treatment of mothers and children. A programme of priorities has been worked out so that planned development may be implemented as and when conditions allow.

APPENDIX A

MEDICAL INSPECTION AND TREATMENT

RETURN FOR THE YEAR ENDED 31st DECEMBER 1968

Part I - Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

Table A - Periodic Medical Inspections

Age Group inspected (By year of Birth) (1)	No. of Pupils who have received a full medical examination (2)	Physical Condition of Pupils Inspected		No. of Pupils found not to warrant a medical examination (5)	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory No. (3)	Unsatisfactory No. (4)		for defective vision (excluding squint) (6)	for any other condition recorded at Part II (7)	Total individual pupils (8)
1964 and later	201	200	1	-	8	20	27
1963	8,346	8329	17	-	184	597	762
1962	11,990	11,979	11	-	269	798	1,036
1961	1,822	1,881	1	40	41	91	130
1960	605	601	4	1,768	14	42	54
1959	331	329	2	703	9	29	36
1958	332	332	-	133	14	31	45
1957	3,881	3,879	2	397	181	140	314
1956	2,315	2,315	-	241	114	135	240
1955	1,369	1,369	-	34	62	86	142
1954	2,187	2,185	2	11	95	78	171
1953 and earlier	8,142	8,136	6	4	430	250	675
TOTAL	41,581	41,535	46	3,331	1,421	2,297	3,632

Col. (3) total as a percentage of
Col. (2) total - 99.89%

Col. (4) total as a percentage of
Col. (2) total - 0.11%

Table B. - Other Inspections

Number of Special Inspections ...	6,233
Number of Re-inspections	12,777
Total	<u>19,010</u>

Table C. - Infestation with Vermin

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	148,553
(b) Total number of individual pupils found to be infested	443
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	63
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	2

Part II - Defects found by Medical Inspections during the Year

De- fect Code No. (1)	Defect or Disease (2)	Periodic Inspections								Special Inspec- tions (T) (O) (11) (12)	
		Entrants		Leavers		Others		Total			
		*(T) (3)	*(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)		
4	Skin	86	622	93	334	81	173	260	1,129	307	33
5	Eyes - a. Vision	519	1,737	515	655	387	463	1,421	2,855	100	275
	b. Squint	161	316	14	54	30	60	205	430	11	19
	c. Other	19	97	7	82	12	50	38	229	1	4
6	Ears - a. Hearing	251	1,001	26	60	48	114	325	1,175	62	71
	b. Otitis										
	Media	59	527	6	33	4	60	69	620	1	20
	c. Other	8	183	-	18	4	24	12	225	2	21
7	Nose and Throat	287	2,142	40	194	48	304	375	2,640	58	118
8	Speech	198	501	5	27	19	53	222	581	21	30
9	Lymphatic Glands	19	495	-	31	-	55	19	581	1	14
10	Heart	48	413	7	86	15	75	70	574	6	19
11	Lungs	56	669	8	91	10	103	74	863	12	40
12	Developmental -										
	a. Hernia	31	96	1	7	6	13	38	116	3	5
	b. Other	51	707	14	148	34	168	99	1,023	13	56
13	Orthopaedic -										
	a. Posture	19	145	8	78	9	72	36	295	3	11
	b. Feet	107	877	33	168	38	198	178	1,243	14	54
	c. Other	58	504	34	192	19	153	111	849	4	21
14	Nervous System -										
	a. Epilepsy	11	45	4	24	7	30	22	99	2	11
	b. Other	10	165	4	37	7	61	21	263	3	15
15	Psychological -										
	a. Development	45	392	9	71	35	114	89	577	22	57
	b. Stability	47	697	6	92	42	183	95	972	28	45
16	Abdomen	12	204	1	22	3	48	16	274	2	11
17	Other	38	169	42	49	11	44	91	262	45	37

*(T) = Treatment
*(O) = Observation

PART III - TREATMENT TABLES

Table A. Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2,776
Errors of refraction (including squint)	6,233
Total	<u>9,009 ,</u>
Number of pupils for whom spectacles were prescribed	<u>2,956</u>

Table B. - Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with
Received operative treatment -	
(a) for diseases of the ear	40
(b) for adenoids and chronic tonsillitis ...	1,354
(c) for other nose and throat conditions...	130
Received other forms of treatment	1,246
Total	<u>2,770</u>
Total number of pupils in schools who are known to have been provided with hearing aids -	
(a) in 1968	41
(b) in previous years	289

Table C. - Orthopaedic and Postural Defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	1,322
(b) Pupils treated at school for postural defects	64
Total	<u>1,386</u>

Table D. - Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

	Number of Pupils known to have been treated
Ringworm -	
(a) Scalp	1
(b) Body	-
Scabies	2
Impetigo	10
Other skin diseases	1,762
Total	<u>1,775</u>

Table E. - Child Guidance Treatment

	Number of Pupils known to have been treated
Pupils treated at Child Guidance Clinics	3,081

Table F. - Speech Therapy

	Number of Pupils known to have been treated
Pupils treated by Speech Therapists	1,547

Table G. - Other Treatment Given

	Number of Pupils known to have been treated
(a) Pupils with minor ailments	1,041.
(b) Pupils who received convalescent treatment under School Health Service arrangements	114
(c) Pupils who received B.C.G. Vaccination ...	10,327
(d) Other than (a), (b) and (c) above:- Enuresis	300
Total	<u>11,782</u>

Dental Inspection and Treatment carried out by the Authority

Inspections

(a) Pupils inspected at school	81,633
(b) Pupils inspected at clinic	23,488
Number of (a) and (b) found to require treatment ...	44,078
Number of (a) and (b) offered treatment	42,230
(c) Pupils re-inspected at school or clinic	9,968
Number of (c) found to require treatment	5,464

Attendances and Treatment

Total visits	70,093
Additional courses of treatment commenced	4,129
Courses of treatment completed	23,579
Visits for emergency treatment	2,893

Fillings:

(a) Permanent teeth ...	32,988	
(b) Deciduous teeth ...	23,137	56,125

Teeth filled:

(a) Permanent teeth ...	28,254	
(b) Deciduous teeth ...	20,284	48,538

Teeth extracted:

(a) Permanent teeth ...	3,190	
(b) Deciduous teeth ...	11,726	14,916

General anaesthetics administered	...	...	...	...	...	...	6,039
Pupils X-rayed	...	...	...	...	...	...	1,967
Prophylaxis	...	...	...	...	...	...	4,255
Teeth otherwise conserved	...	...	...	...	...	...	5,424
Teeth root filled	...	...	...	...	...	...	258
Inlays	...	...	...	...	...	...	14
Crowns	...	...	...	...	...	...	72
Orthodontics							
Cases remaining from previous year	...	...	...	...	...	...	626
New cases commenced during year	...	...	...	...	...	...	515
Cases completed during year	...	...	...	...	...	...	344
Cases discontinued during year	...	...	...	...	...	...	111
No. of removable appliances fitted	...	...	...	...	...	...	710
No. of fixed appliances fitted	...	...	...	...	...	...	19
Pupils referred to Hospital Consultant	...	...	...	...	...	...	177
Prosthetics							
Pupils supplied with full upper and lower dentures (first time)	...	...	...	...	...	...	2
Pupils supplied with other dentures (first time)	...	...	...	...	...	...	72
Number of dentures supplied	...	...	...	...	...	...	87
Sessions							
Sessions devoted to treatment	...	...	...	...	...	...	10,620
Sessions devoted to inspection	...	...	...	...	...	...	1,966
Sessions devoted to Dental Health Education	...	...	...	...	...	...	102

APPENDIX B

School Meals Service

Miss A. J. Halsall, the County School Meals Adviser, reports as follows:-

The number of children having a dinner on a typical school day in September 1968 was 120,627 which represents 70.3% of the school attendance. The charge for school dinners to day pupils was increased to 1/6 from the beginning of the summer term 1968 and this was no doubt responsible for the small decline in the percentage of children having meals. This decrease is considerably less than on previous occasions when an increase in the charge has been made. The number of children claiming free meals particularly the fourth child in the family rose sharply from 5,358 on a day in September 1967 to 14,517 on a day in September 1968.

During the year new kitchens have been opened both at new schools and as part of improvements to existing ones and the percentage of meals which are now transported is less than 15% of the total. A choice of meals in secondary schools has continued to be most popular; some of the new snack bars for fifth and sixth formers have been taken into use and experiments are proceeding with variations in the type of meal served to older children.

The training of school meals staff has continued and it is hoped to attract more school leavers into the meals service, particularly as it is now possible to claim a grant for these students from the Hotel and Catering Industry Training Board.

From September 1968 the supply of milk to secondary schools was discontinued as was also milk supplied to all non-maintained schools.

A summary of the relative figures on the consumption of milk and meals is given below:-

Dat.	No. of Pupils	No. having dinner	Per cent of Pupils having dinner	No. having Milk	Per cent of Pupils having Milk
Autumn 1961 . . .	273,139	143,444	52.5	223,879	81.9
Autumn 1962 . . .	266,838	147,569	55.3	220,007	82.2
Autumn 1963 . . .	261,110	147,668	56.5	217,203	80.8
Autumn 1964 . . .	271,695	161,461	59.4	220,913	81.1
Autumn 1965 . . .	154,360	100,382	65.0	122,847	79.5
Autumn 1966 . . .	158,283	107,608	68.0	124,981	79.0
Autumn 1967 . . .	165,067	117,426	71.1	129,582	78.7
Autumn 1968 . . .	171,448	120,627	70.3	96,473	91.2

*Percentage of primary school pupils present

APPENDIX C

Child Guidance Tables, 1968

Table 1 - Cases referred, treated and closed at each clinic

	Colchester	Chelmsford	Basildon	Grays	Harlow	All Clinics
Cases referred during 1968	258	360	531	238	374	1,761
Cases closed during 1968	238	303	623	204	323	1,691
Cases on the books at the end of 1968 -						
Awaiting first appointment	66	8	75	13	48	210
Under treatment	71	394	546	141	376	1,528
Others	241	119	208	114	158	840
Total	378	521	829	268	582	2,578

Table 2 - Cases referred by age, sex and Division

Division	Under 5		Over 5		Total
	Boys	Girls	Boys	Girls	
North-East Essex	2	3	84	47	136
Mid-Essex	10	8	231	105	354
South-East Essex	22	11	122	46	203
West Essex	4	4	97	51	156
Harlow	28	22	112	62	224
Thurrock	7	5	141	85	238
Basildon	22	12	212	82	328
Colchester	9	3	67	43	122
Admin. County	104	68	1,066	521	1,761

APPENDIX D

Report by Mr. George C. Robb, Psychologist to the Education Committee, on The School Psychological Service

The number of children assessed by the educational psychologists in 1968 was 1,531. 537 interviews with parents have also been reported.

Staff changes are specified within the reports of the relevant clinics.

WEST ESSEX

The three educational psychologists working in Harlow now occupy three rooms in the Town Hall and have the assistance of two part-time secretaries. This has enabled a complete re-organisation of the filing system, with a consequent gain in efficient service to the schools.

The School Psychological Service suffered a great loss at Easter when Mrs. N. A. Salaman retired from the service. She had become a well-known and extremely popular figure in Harlow. It was through her energy that the service has been built up in Harlow, and she has passed on a great deal of valuable experience.

During 1968, 752 children were given an intelligence test. 69.1% were boys as compared with 30.9% girls. 58.7% of all children referred were from Harlow compared with 41.3% from West Essex.

More work carried out in the schools has enabled the Child Guidance Clinic to work in depth instead of being swamped by too many cases which cannot be adequately treated.

Analysis of the percentage of children seen according to their dates of birth suggests that the preponderance of boy referrals to girl referrals is in the junior school, particularly in West Essex. Another interesting feature of these figures is that it appears that the schools in Harlow refer children earlier than those in West Essex. Only good can come from early referral, before the child has begun to build up defences against his failure.

Analysis of the number of children referred according to their levels of ability suggests that boys referred tend to have higher I.Q.'s than the girls. This is probably because many more boy referrals arise from behaviour difficulties, whereas the girls tend to be referred more for backwardness and learning difficulties.

A new Opportunity Class has been started in West Essex at the Great Dunmow C.E. Primary School. This class is modelled on the existing three Opportunity Classes in Harlow, and is confined to first and second year junior school age children. The School Psychological Service is responsible for supervising all these classes. During the year one of the Harlow Opportunity Classes has been moved closer to a school, thus enabling the children to take part

in normal school activities. This has greatly improved the smooth working of the class. The fact that it is now a mixed class has also made the children more relaxed and easier to teach.

Although it is desirable to concentrate remedial efforts on children of lower junior school age, it is inevitable that there will be children who are extremely retarded in reading in the upper part of the junior school and who will need individual attention. This is particularly true in an area which has a mobile population.

Use of the Initial Teaching alphabet has been retained in the Opportunity Class at Potter Street. It has, however, been dropped in the two Opportunity Classes which are still based in Hare Street Junior School. The reason is that young children need to spend two years in such a class if they are to learn to read in I.T.A. and transfer properly to traditional orthography before rejoining their neighbourhood school. It is, however, not justifiable at present to retain many children for two years in the Opportunity Classes since this blocks the entry for other needy cases.

It is now recognised that most recruits to the Opportunity Classes will tend to be below-average children, who need individual help. In the past, one or two maladjusted children have been tried in the Opportunity Class, with the result that the work of the class has suffered considerably. Children who have behavioural difficulties are often contained better in the atmosphere of a school than in a small unit which has not been specifically designed for dealing with cases of maladjustment.

The School Psychological Service is now able to spend more time on matters of research and has been looking into methods of teaching reading. An experimental method is being tried out at the Dunmow Opportunity Class. This includes a modified form of I.T.A. which is much closer to traditional orthography and enables transfer to be completed at a much earlier date. It is hoped to introduce this method into the Harlow Opportunity Classes. Experimental methods of teaching phonics, using a tape recorder, have been tried out in West Essex schools, and it is hoped to develop these further during the coming year. A course of weekly talks, and discussions, by Educational Psychologists and others, has been organised for teachers on methods of teaching reading.

In co-operation with the National Foundation for Educational Research, 1,500 Harlow children of fourth year junior school age have been given the unstandardised National foundation Intermediate Mathematics Test I. This is now being used in conjunction with the National foundation for standardisation purposes. Research is being conducted at Brays Grove Comprehensive School into the effects of streaming and non-streaming. A previous third year class which was streamed is being compared with a present third year unstreamed class. Standardised tests of intelligence, English, Mathematics and Reading have been given to the children, and also tests in creativity, social science and science, devised by Educational Psychologists.

Various talks have been given during the year to parent/teacher associations and other organisations. It has now become possible to devote more

time to work in the Mead Special School, and the Educational Psychologists are attending regular conferences with the staff to discuss individual children.

LOUGHTON HALL - satellite of Harlow clinic.

1968 was a year of change, for both the School Psychological Service and the Loughton Child Guidance Clinic.

On 31st May the psychologist resigned and the work of the School Psychological Service was carried on with the part-time services of three psychologists, until the appointment of the present psychologist on 1st September.

Out of some 12,800 school children in the Chigwell area, the psychologist has interviewed and tested 183 during the year. Of these 23 were in the pre-school or infant age range; 107 were in junior schools and 51 in secondary schools. This follows the pattern of previous years, but it is hoped to increase the proportion of time spent in Infant and Nursery Schools during 1969.

As only a small proportion of the total school population can be seen individually, the psychologist continually attempts to use the opportunities offered by school visits to further the aim of general preventive mental health work in schools. Discussion of one child's difficulties at school or home often throws light on many of the other problems of the teacher, and can be a useful starting point for a more general discussion. This preventive aspect of the psychologist's work and of the work of the clinic was further stressed in a series of meetings between the clinic team and head teachers in the area.

The new West Essex Education Centre in Loughton came into use during the Autumn term and the psychologist took part in meetings with head teachers which were held there and it is hoped to make good use of it for further talks and discussion groups.

The psychologist gave a talk to a group of pre-school play group leaders in November and has been asked to give talks to groups of teachers, parents, young wives, etc. during the Spring term 1969.

Since a large proportion of the children attending Theydon Garnon Primary School are from the Waltham Forest Children's Homes in Coopersale, links have been established with the Waltham Forest Children's Department. A termly meeting now takes place between the Headmaster, a Child Care Officer and the psychologist, to discuss children with special difficulties.

The opening of St. Luke's, the new day E.S.N. school, will ease the problem of educational provision for E.S.N. children in the area.

The Hereward Special Class continues to meet a very real need for special provision for mildly disturbed children of junior school age. There are no similar classes in the area for disturbed children in the infant and secondary school age groups. At the infant level these children have to be contained within the ordinary school, often in classes of 40 or so. At the secondary level, placement

of children leaving the Hereward Special Class causes concern. These children have either to be contained within the secondary modern schools, sent to day units in one of the Greater London Boroughs, or placed in residential establishments.

Woodcroft, a small independent school, continues to take disturbed and backward children between the ages of 2 and 7 years.

The Hereward Special Class, Woodcroft, and High View School in Chigwell, are all visited regularly by the psychologist for purposes of assessment and educational advice, and the same service will be provided for St. Luke's School.

Although not officially classed as a deprived area, the Debden Estate presents a pattern of childhood difficulties found in such an area. The incidence of poor social adjustment and educational retardation is higher here than elsewhere in the area.

It has become evident that there is a need to reassess the situation with regard to remedial teaching. To this end a survey is under way to ascertain the number of children in need of remedial help. Figures have so far been obtained for 29 of the 38 schools in the area. Of the 10,024 school population represented, it is estimated that 643 children of average or above ability are underachieving to the extent that they are one or more years retarded in reading or other basic subjects. Of these only 20% are receiving special help, in small groups mainly in secondary schools.

There are a further 689 children of below average ability who are retarded in the basic subjects. Of these 31% are receiving help in small groups, again mainly at the secondary stage.

NORTH-EAST

Colchester Stockwell Street Special Unit

The progress made by the 10 children at the Stockwell Street class has been very satisfactory. Two boys left in July to proceed to a normal secondary school. Another boy who presented marked learning difficulties when first admitted, is now very industrious and should be able to cope with normal secondary school next July.

Remedial Teaching Service

The remedial teaching service, under the guidance of Mr. Cole, has continued to flourish with less frequent staff changes. In July 1968 approximately 350 pupils were receiving some help.

Army Children

A meeting was convened in December 1967 by Lt. Col. Collins of the Army Education Corps, with a view to improving services for Army families, where the children often have problems of maladjustment. Mr. Ward and I

attended this meeting and discussed the help that could be given to the families of children attending St. John's Green Primary School. It was arranged that Mrs. Coomaraswamy, trainee psychologist, should visit Colchester on one or two days a week from January until July, to test children at this school and also to see some of the parents. The services of Mrs. Coomaraswamy were greatly appreciated and a certain number of children were referred by her to the Child Guidance Clinic.

Research

Mrs. Bowden, part-time Educational Psychologist, carried out a small research project with 16 four year old children attending the Day Nurseries in Colchester during the August holidays using a new psychological test which has been prepared specially for infants (4 to 6½ years) similar to the Wechsler Scale for Children.

It is intended to keep these children under review. They could later be tested with the Revised Stanford-Binet Scale when attending infant schools, and with the Wechsler Scale in Junior schools. This proposed longitudinal study should provide some useful data.

E.S.N. Children

Mrs. H. M. Bowden has continued to visit Kingswode Hoe School regularly. She has tested leavers and also children in the assessment unit.

Miss Walshaw and Mr. Ward have continued to pay regular visits to the Homestead and Heath Schools for senior maladjusted boys, in view of the importance of regular contact with such schools, but the need for another educational psychologist is urgent.

BASILDON

Staffing

During 1968, under-staffing seriously limited the effectiveness of the School Psychological Service. The staffing difficulties largely arose from the departure of four psychologists from the area towards the end of 1967. The School Psychological Service work had to be dealt with by the one remaining Assistant psychologist, Mrs. Coomaraswamy. Mr. Cornwall transferred from Mid-Essex on a part-time basis at the beginning of the year and full time from August 1968.

In September, Mrs. Coomaraswamy was seconded for post-graduate training at the Maudsley Hospital, London but the team was further strengthened by the appointment of Mr. J. F. Toomey and Mr. C. Flann.

New Cases seen by Educational Psychologists

	Boys	Girls	Total
S.E. Essex:			
School Psychological Service	142	46	188
Child Guidance Clinic	57	16	73
			<u>261</u>
Basildon:			
School Psychological Service	157	54	211
Child Guidance Clinic	107	30	137
			<u>348</u>

OVER-ALL TOTAL: 609

The School Psychological Service

(a) *Analysis of Cases*

(i) *Source of Referral*

In both Basildon and South-East Essex the largest proportion of referrals came direct from schools.

(ii) *Reason for Referral*

While the biggest single demand on the School Psychological Service is for advice on the treatment of children with learning difficulties, requests for assessments of ability were frequently made by other agencies. Advice on behaviour problems, though less readily sought, was requested in some 15% of all cases.

(iii) *Age and I.Q. of Children*

The spread of ability of children seen did not appear to depart from the normal distribution to any marked degree. In both areas three times more boys were seen than girls and more children were seen from Junior than from any other schools.

(iv) *Disposal*

In both areas, about 15% of referred children were passed on to the Child Guidance Clinic. Many children were referred to the services of the remedial teaching and tutorial classes in both Divisions.

(b) *Referral to School Psychological Service*

The introduction of a form to be completed by the schools when referring a child to the School Psychological Service greatly improved the handling of new cases.

(c) *Cases transferred from Child Guidance clinic*

In both Divisions the two-way flow of cases continues, the School Psychological Service referring to the Child Guidance clinic children requiring treatment for behaviour difficulties and the Clinic passing over to S.P.S. cases, which, though considered closed by the psychiatrist, are thought to necessitate surveillance in school by the Education Psychologist.

(d) *Liaison with other Services*

Discussions during the year were arranged with the Children's Department and the Speech Therapists. Educational Psychologists made regular attendances at the meetings of Officers of all the agencies in both Divisions.

Tutorial and Remedial Services

(i) *Basildon*

Re-organisation of these services became necessary at the beginning of the year because of accommodation difficulties and, from May onwards, two demountable classrooms attached to Springfield School served as a base. By the sudden death of Mr. Brown, the teacher in charge in Basildon, the services lost a very capable organiser who had carried out much useful liaison work with schools. His successor was Mrs. Fish, already employed within the service as a remedial teacher.

The needs of Junior schools for help with remedial teaching resulted in a re-distribution of teaching time so that the Tutorial Service was somewhat reduced to enable an increased number of children to attend remedial reading from September onwards.

The number of children seen by both services was 89 (from May onwards), of which 71 were boys and 18 girls. There was a total of 2,125 attendances (morning or afternoon sessions).

(ii) *S.E. Essex*

The employment of a second peripatetic teacher, Miss Jennings, from the Spring term onwards enabled remedial teaching to be offered over a much wider area. Four centres were established, three of them in schools and the fourth at the School House, Hadleigh, each serving the primary schools in its immediate neighbourhood. Overall, 143 children received remedial teaching in 1968 with a total of 4,467 attendances at the hour long sessions.

In addition to remedial teaching, Miss Beasley and Miss Jennings visited schools to advise on remedial teaching methods. As part of the service, 1968 saw

the beginning of a collection of books which, when complete, will provide a full display library of all primers and remedial reading matter produced by British publishers.

Surveys

Two major surveys were completed under the guidance of the School Psychological Service in 1968. Firstly a survey of the reading ability of all children in top infant classes was carried out in S.E. Essex in July and the findings enabled remedial teaching to be recommended where it was most needed.

The second survey was of the verbal reasoning ability of first-year pupils in comprehensive schools in the Basildon Urban District. In carrying out the statistical analysis of the results of this survey, the services of the County Computer staff were invaluable.

Lectures

There has been a great demand for lectures and a variety of audiences were addressed by Psychologists during the year. The topics included child development, the work of the School Psychological Service and Child Guidance Clinic, and problems of adolescence. A great number of informal talks were also given to both parents and teachers.

General Observations

(i) *Relationship between Psychologists and Schools*

Staffing shortages have made it impossible for psychologists to have the kind of contact with the schools in 1968 that they would have wished. The school Psychological Service is most effective where the school has a clear understanding of the role of the psychologist and the psychologist for his part is fully aware of the needs of the school. This kind of understanding is established only after frequent contact.

Informal talks given by psychologists to the staff of schools, however, have done much to aid the two-way flow of information, and have improved communications generally. It is hoped that in the coming year this dialogue will continue on a more extensive basis, allowing the skills of the psychologist to be used exactly where the need in schools is greatest.

(ii) *Pre-School Children*

The psychologist's function is acknowledged to be preventive as well as diagnostic and remedial, and as a practical expression of this the members of the Basildon and South-East Essex team have involved themselves in the education of the pre-school child. Having been asked in the past year by psychiatrists, paediatricians, and other outside agencies for assessment of pre-school children, psychologists have considered it essential that suitable educational facilities were available to provide the necessary compensatory treatment for children with

minor handicaps. The Committee has been sympathetic towards requests for financial aid where placement in a pre-school play group was recommended and it is to be hoped that in the coming year there may be an extension in both Divisions for the provision of maintained places for pre-school children.

THURROCK - satellite of Basildon clinic.

Staffing

The psychiatric side has been stable: all three psychiatrists, of consultant status, have continued. However, Dr. Bates retired at the beginning of December and Dr. Waller resigned at the end of December. Both doctors will now continue temporarily until replacements are appointed.

The psychological staff has been completely renewed. Dr. M. H. Siddiqui who was appointed in September 1965, left in November to take up a position in a Psychiatric Hospital in Canada. Mr. C. T. Flann commenced as a trainee Educational Psychologist in September, attending 2 days a week and Miss C. McLaughlin, also a trainee Educational Psychologist, was attached to this clinic for three days a week from 9th October, 1968.

Psychological Assessment

In intellectual assessment the Stanford-Binet, WISC, Merrill-Palmer and the English Picture Vocabulary tests were mainly used.

For the establishment of perceptual motor and emotional development levels, the Bender-Gestalt test was frequently used.

For attainment tests the Burt, Holborn Schonell and Daniels & Diack reading tests; and Vernon Arithmetic-Mathematics tests were used.

Personality testing was rarely required.

Intellectual Assessment of Second Year Junior Children

1967-68

This project, started in 1967, was continued this year and children scoring below 80 on the N.F.E.R. (non-verbal) Test 5, given in school, were individually tested by Dr. Siddiqui. The total number tested amount to 122. Of these, the recommendations were as follows:-

For Special Schooling (E.S.N.)	30
For Opportunity Class	5
For remedial teaching	15
To attend Child Guidance clinic	22

Of the 30 recommended for E.S.N. placement, 12 were actually placed.

Although the survey was initially designed as a large-scale screening process to detect those children needing special education some interesting and significant facts emerge when it is considered as a sample of the normal junior school population and subjected to statistical analysis. A total of 1,829 children from 34 schools were tested. The mean score for the total population was 95 with a Standard Deviation of 22, which is rather below the national average and shows a much wider scatter.

The figures point very forcibly to the existence of a severely deprived catchment area in Tilbury. This situation would appear to demand strong measures to compensate for the cultural deprivation of the children in this area and help restore the balance of equality of opportunity.

Parts of the South Ockendon area, show a mean score well below that of the total sample, reflecting cultural deprivation, not quite to the same extent, but still calling for special help.

Provision of special education in the area for E.S.N. children (2 schools) appears to be adequate, but there is great need for special help in normal school for the large block of lower ability children who fail to respond to normal education. This could take the form of further peripatetic remedial teachers, especially for reading retardation.

Lectures

Dr. Hurst, who was training in Psychiatry, attended for several weeks to gain experience in Child Guidance and was present on several occasions when children were being tested by the Educational Psychologist.

Groups of student nurses, medical laboratory students and student health visitors, were given lectures by Dr. Waller and Dr. Siddiqui. Evening talks to local organisation on the work of the Child Guidance Clinic were also arranged.

MID-ESSEX

1968 was a very busy year and as the number of children attending the Clinic increases, the problem of streamlining the organisation and day-to-day administration of the Clinic has been an absorbing task.

The extension to the premises has been put to good use during the year, as is shown by the large number of interviews carried out by remedial teachers - 3,927. When scrutinizing the problems of children referred for remedial help an interesting observation has been made: there are a fair number of children who are of superior - some of very superior - intelligence, who are experiencing a reading problem; in some cases where the reading is adequate there is a severe spelling difficulty present. The impression is gained - although no statistical evidence is available - that both emotional and family factors are responsible in these cases.

The Remedial Teachers' role is becoming more and more therapeutic and they are gradually doing more group work in preference to seeing children individually. This has enabled them to help a larger number of children who are suitable for such a group approach. Space is still very short, however, and this problem is accentuated by the fact that some of the staff work only part-time. A further extension is likely to be provided during 1969.

A number of retarded children who should attend day special schools cannot be placed at present owing to the long waiting list at the Hayward School. The school being built at Brentwood and the one planned in Braintree will alleviate the position.

Day provision for maladjusted children is also needed, and it is significant in this context that out of 360 children referred to the Clinic for a psychiatric investigation, 90 (or 25%) were referred by the psychologists in the course of their work in the ordinary schools.

GENERAL COMMENTS

1968 was a year in which staff shortages imposed severe loads on those psychologists working in certain parts of Essex, notably Basildon, Grays and Mid-Essex. It should be borne in mind that the vacant posts were within the establishment of 17 psychologists created by the committee in 1965, when the school population was at least 12,000 smaller than in 1968. Members may feel they would like to take particular note of the work of Mr. K. Cornwall who not only kept Basildon and South-East Clinics going, but developed the School Psychological Service role in South-East Essex to a quite remarkable extent.

Several of the Educational Psychologists were involved very heavily in the in-service training programme. Most of the courses were concerned with child development, aspects of special education, or areas of special concern such as adolescence or the pre-school years. They took place in various of the Education Centres or in schools. In addition the Psychologist to the Education Committee arranged two residential courses which were each attended by some 80 teachers. These were on "The Education of Gifted Children" and "Education under Social Handicap". This form of course is a very profitable one indeed for those attending it, and the County would undoubtedly profit greatly from a large residential teachers' centre when this becomes economically possible.

This year, the psychologists have made certain recommendations which seem to them the most likely means to meet the outstanding needs of the children they serve. A summary of the more important points follows:-

- Mid-Essex:
- 1) an extension of the London Road nursery, Chelmsford, is urgently required.
 - 2) the establishment of a nursery class for maladjusted children.

(N.B. While the arguments for (1) and (2) are accepted, present national policy and financial limitations make them difficult to implement.)

- Harlow: A central pool of reading books, apparatus, and schemes, housed in a centre easily accessible to teachers.
- Loughton: 1) At the least, half-time nursery education for the term preceding school admission would offer the greatest return in terms of child welfare of any of the means which could meet the needs of the children and families in the Debden estate.
- 2) Specialist help is required to deal with the attainment difficulties so manifest in the Debden area. The establishment of a Remedial Centre with 3 full-time teachers would probably be the best means of helping the individual children and the teachers in the area in general.
- Thurrock: Difficulties in the Tilbury area could be greatly helped by
- 1) the establishment of a post at the Teacher/Adviser level to help the staff concerned on more effective remedial techniques;
- 2) the establishment of a post for a Teacher/Counsellor to work with particular schools. This area satisfies several of the criteria by which the Department of Education and Science identify Educational Priority Areas, and
- 3) set up some form of pre-school provision, i.e. nursery class in order that fewer of the children concerned arrive at school as intellectual might-have-beens with few opportunities for happiness and profit in school, and with a high probability of becoming delinquent.

Finally, it may not be inappropriate here to observe that few, if any, of those professionally concerned with education or child welfare would disagree with the view that the first five years of life are of crucial and committing importance in determining what the child becomes. This being so, it seems unfortunate that we still educate infant school children in larger classes than older children. The single measure which would show the greatest return in terms of child benefit is to set up some form of pre-school provision when this becomes practicable. Since 50% of intelligence as assessed at 18 is developed by age 4, it is vital to the needs of some children that positive steps be taken to help them before more than half of their potential becomes wasted.

APPENDIX E

Report by Mr. B. R. Head, Advisory Teacher of the Deaf

During 1968 two more classes for partially hearing children were added to existing units at Tany's Dell Infants School, Harlow, and Glebe Infants School, Rayleigh. Both classes were reception classes for nursery/infant children.

There are now 49 children attending partially hearing units in the County, 34 infants and 15 juniors.

Although the number of children attending partially hearing units has increased, the number of children being supervised by the peripatetic teachers remains about the same, being as follows:-

	1968	1967
Pre-school	39	46
Primary	78	86
Secondary	96	90
	<u>213</u>	<u>222</u>

During the year, two courses, each of four evening meetings were held for parents of deaf children and others interested at the Harlow and Rayleigh Units. Subjects covered were, Audiology, Physiology and anatomy of the ear, and the education of deaf children. The courses were well attended.

The peripatetic service is still understaffed, no teacher has yet been appointed to the post which has been vacant all through 1968.

APPENDIX F

Children on the Handicapped Pupils Register

	Newly assessed as handicapped in 1968		Receiving special educational treatment						Requiring but not receiving special educational treatment		On Register but not requiring special educational treatment	
	All ages	Under 5 years	At Day Special Sch-ool	At resi-dential Special Sch-ool	At Ordinary Sch-ool	Else-where	Total All Ages	Total under 5 years	All ages	Under 5 years	All ages	Under 5 years
Blind	5	3	3	20	1	-	24	2	4	2	-	-
Partially Sighted	10	1	14	25	-	-	39	1	7	3	14	1
Deaf	8	3	22	29	1	1	53	4	2	-	-	-
Partially Hearing	24	14	51	43	29	5	128	16	15	6	46	-
Physically Handi-capped	59	15	82	81	5	20	188	7	19	8	190	11
Delicate	53	3	93	105	-	9	207	1	19	2	104	1
Maladjusted	88	2	10	279	1	14	304	2	60	-	38	-
E.S.N.	268	15	854	223	50	18	1,145	1	243	9	118	1
Epileptic	11	1	2	14	-	4	20	1	4	-	24	-
Speech Defects	3	-	1	3	-	-	4	-	2	-	10	1
TOTAL	529	57	1,132	822	87	71	2,112	35	375	30	544	15

APPENDIX G

Notification of Infectious and Other Notifiable Diseases in Children between the ages of 5 and 15, 1968

Division	Scarlet Fever	Whoop- ing Cough	Measles	Dysen- tery	Food Poison- ing	Infec- tive Jaun- dice*	Tuber- culosis Respi- ratory	Tuber- culosis Other	Others†	Total
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
N.E. Essex	27	8	184	-	1	2	1	1	-	224
Mid-Essex	80	87	354	33	7	10	2	-	2	575
S.E. Essex	18	27	106	10	3	2	2	-	-	168
West Essex	41	32	174	2	1	8	1	1	-	260
Harlow	37	21	68	7	1	48	4	-	1	187
Thurrock	38	14	87	2	6	6	1	2	1	157
Basildon	39	15	65	-	-	3	1	1	-	124
Colchester	29	13	78	4	-	68	-	-	-	192
Total	309	217	1,116	58	19	147	12	5	4	1,887

* From 1st July 1968

† 2 Meningococcal infections, 2 acute meningitis

APPENDIX H

This report by the Senior Adviser for Physical Education has been submitted by the Chief Education Officer.

The chief item to report during this year is undoubtedly the retirement, after nearly thirty years' service, of Miss B. M. Rains, the Senior Woman Adviser for Physical Education. In view of the difficulty which was experienced in finding a successor to fill her post, it was decided as an interim measure to leave a vacancy for the time being, and to strengthen the assistant staff by one male adviser and a part-time woman adviser. These two new appointments will take over the field work done by Miss Rains and will relieve the Senior Adviser, Mr. Crabtree, of a proportion of his field work. Mr. Crabtree will thus be enabled to give more time to planning and development work. This arrangement will be reviewed in 1971 or 1972.

The women advisers and the visual aids service collaborated in the making of a film showing infant physical education. This is well sought after, and used frequently in teachers' courses.

As usual, the Schools Sports Associations produced Essex teams, which were always in the run of the national championships, but deserving of special attention were trampolining, badminton and table tennis.

Trampolining - At the English National Schools Championships held at Keele University, pupils from Essex won all six team championships. 170 pupils from 14 counties took part, and in addition they won 19 individual places out of a possible 36.

Badminton - The Inter-Counties School Championships were held at Harlow Sports Centre, and arranged in two groups. The Group winners were

(A) Cumberland 39 points and Yorkshire 33 points

(B) Essex 36 points and Surrey 23 points.

In the finals Essex gained 21 points, Cumberland 17 points, and Surrey and Yorkshire equal third with 11 points. (The Essex girls' team came from Thurrock).

K. Arthur, who played No. 1 for Essex, also played No. 1 for English Schools against Scottish Schools, when England won 8-2.

Table Tennis - The Essex Schools Table Tennis Championships attracted 360 teams, 58 of which competed in the Finals held at Harlow Sports Centre. It is interesting to note that the Championships were won by widely separated schools in the county and not by schools concentrated in a densely populated area.

Basildon opened its new and magnificent swimming bath, to which was added, by general demand, a smaller teaching pool. These are both widely used by the schools.

Progress is being made in the provision of Sports Halls partly provided by the Education Committee and partly by a Local Authority. This dual provision allows for a larger and better building, which will be used by the schools during the day and by local people during the evening and in school holidays.

The school leavers' and teachers' courses were again held at Crystal Palace National Recreation Centre and again were oversubscribed.

At the County Show a swimming pool was erected and the lessons by infants and juniors were well attended and appreciated by the public.

Several school sports halls large enough for four Badminton courts 104 ft x 54 ft were opened and are now in use during the day, in the evenings, and often at the weekends. These halls will play an increasing part in the "Education for Leisure" which is becoming such an important part of modern life.

APPENDIX I

West Essex Dental Health Survey 1966 - 1967

In the summer of 1966 a Dental Health Campaign was initiated in the Chigwell Urban District. All the primary schools in the Urban District were visited and the children instructed in the care of their teeth and gums. The objectives of the campaign were both to improve the children's dental health and to reduce any fears of dentistry which they may have had. It was felt that it would be helpful if the state of dental health of the children in Chigwell were known before the campaign started, and accordingly a survey was carried out, some of the results of this survey being summarised below.

The survey was carried out during 1966 and 1967 by the Area Dental Officer for the West Essex Division under the guidance of the Chief Dental Officer, and the statistical analysis was prepared by the County Statistician. Dental examinations were carried out for two age groups of children in primary schools; those aged between 5 years 1 month and 6 years 0 months and those between 10 years 2 months and 11 years 9 months, constituting the first year at the infants department and the last year at the junior department respectively. Besides the Chigwell schools, examinations were also carried out for children in three other parts of the West Essex Division, namely Epping, Upshire and Saffron Walden. This enabled children in Chigwell to be compared with those in other parts of the Division and the results from all the children inspected give an indication of the dental health of primary school entrants and primary school leavers in West Essex.

The results can be considered taking each age group separately.

(a) *5 - 6 year olds (School Entrants)*

A total of 274 children were included in the survey, 125 being at Chigwell Schools and 149 at Epping and Upshire.

An assessment was made of the children's oral hygiene, each child being rated either 'good', 'fair', or 'poor'. Oral hygiene was good in 116 children and fair in 158.

The presence of gingivitis, or early gum disease, was noted in 9% of the children. However, one school recorded a very high percentage which may distort the result and probably a more accurate figure is about 6%. Since correct toothbrushing and correct diet can control gingivitis, its presence in some school entrants suggests that there is plenty of room for instruction in these matters.

The percentage of children with 20 sound unfilled deciduous or milk teeth, or who had shed one or more central incisors and whose permanent teeth had erupted to replace them, was 33% or one-third of the children inspected. It was as high as 44% for children with good oral hygiene compared with 25% for those with only fair oral hygiene. This compares very favourably with the national average which in 1963 showed 17.4% of school entrants with a sound dentition.

Children with good oral hygiene also had fewer decayed, missing or filled teeth than those with fair oral hygiene. The percentage of children with decayed, missing or filled deciduous molars was 50% for those with good oral hygiene and 72% for fair oral hygiene.

When the Chigwell schools are compared with those from Epping and Upshire (called the control schools) the conclusion is that the dental state of the Chigwell entrants is not so good as that of the control school entrants.

(b) *10 - 12 year olds (last year at Primary School)*

A total of 449 children were included and their oral hygiene state was good in 146, fair in 298 and poor in 5. The percentage with good oral hygiene was 33% in this age group, compared with 42% for the school entrants and the girls had a better oral hygiene than the boys.

In children of this age group the first permanent molars, or "6 year" molars, have been in the child's mouth for about 4 - 5 years. Each child has four of these teeth and their condition gives an indication of the child's dental state. Only 18% of the children had four sound first permanent molars and 39% had all four either decayed, missing or filled.

When the Chigwell schools are compared with the control schools from Epping, Upshire and Saffron Walden there is a tendency for the Chigwell schools to have somewhat better results, but this is not statistically significant. It is interesting that the Chigwell school entrants had a poorer dental condition than the control schools, but that this did not apply to the older children.

In conclusion, it may be said that the dental state of the school entrants in West Essex is probably better than the national average with about a third of the children having sound deciduous or milk dentitions. The dental state of children in the last year at a primary school is worse than that of school entrants, and there would seem to be a real need for a dental health education programme.

APPENDIX J

MINOR AILMENT CLINICS

COLCHESTER (DELEGATED)

Health Services Clinic, Shrub End, Colchester	Friday p.m.
Central Clinic, East Lodge Court, High Street, Colchester	Mondays to Fridays p.m.
Health Services Clinic, Queen Elizabeth Way, Colchester	Wednesdays p.m.

MID-ESSEX DIVISION

Health Services Clinic, Coggeshall Road, Braintree	Tuesdays a.m.
Health Services Clinic, Burnham-on-Crouch	4th Friday a.m.
Health Services Clinic, Coval Lane, Chelmsford	Mondays a.m.
Health Services Clinic, Wantz Chase, Maldon	1st, 3rd and 5th Fridays a.m.
Health Services Clinic, Melbourne Avenue, Chelmsford	2nd Tuesday a.m.
St. Peter's Room, Coggeshall	2nd Monday a.m.
St. Mary's, Kelvedon	3rd Friday a.m.
Health Services Clinic, Guithavon Street, Witham	1st and 3rd Thursday a.m.
Health Services Clinic, 39 Queen's Road, Brentwood	Tuesdays a.m.
Health Services Clinic, Cherry Avenue, Brentwood	1st, 3rd and 5th Tuesdays a.m.
Health Services Clinic, Coram Green, Hutton, Brentwood	2nd and 4th Wednesdays a.m.
Health Services Clinic, Lilac Close, Moulsham Estate, Chelmsford	4th Thursday p.m.

SOUTH-EAST ESSEX DIVISION

Health Services Clinic, Great Wakering	Thursdays p.m.
Health Services Clinic, Rocheway, Rochford	Alternate Wednesdays a.m.
Health Services Clinic, Eastwood Road, Rayleigh	Tuesdays a.m.

Health Services Clinic, Kenneth Road, Thundersley	Thursdays a.m.
Health Services Clinic, Furtherwick Road, Canvey Island	Mondays a.m.
Health Services Clinic, High Road, South Benfleet	Fridays a.m.
Health Services Clinic, London Road, Hadleigh	Tuesdays a.m.
Health Services Clinic, Spa Road, Hockley	Alternate Wednesdays a.m.
Health Services Clinic, Ferry Road, Hullbridge	1st and 3rd Wednesdays a.m.

THURROCK DIVISION

Health Services Clinic, Hall Road, Aveley, South Ockendon	Thursdays a.m.
Health Services Clinic, London Road, Purfleet	1st Tuesday p.m.
Health Services Clinic, Grays Park, Bridge Road, Grays	Wednesdays a.m.
Health Services Clinic, London Road, Tilbury	Fridays a.m.
Health Services Clinic, Wharf Road, Stanford-le-Hope	1st, 3rd, 4th and 5th Thursdays a.m.
Health Services Clinic, 107 South Road, South Ockendon	Mondays a.m.
Health Services Clinic, Stifford Long Lane, Grays	Thursdays a.m.
Health Services Clinic, River View, Chadwell St. Mary	Mondays a.m.
Health Centre, Darenth Lane, South Ockendon	Thursdays and Fridays a.m.
Health Services Clinic Community Centre, Horndon-on-the-Hill	1st Thursday p.m.
Health Services Clinic, Giffords Cross Road, Corringham	Tuesdays a.m.

WEST ESSEX DIVISION

Health Services Clinic, 56 New Street, Dunmow	2nd and 4th Mondays a.m.
Health Services Clinic, 15 Regent Road, Epping	1st and 3rd Tuesdays a.m.
Health Services Clinic, Loughton Hall, Rectory Lane, Loughton	2nd, 3rd, 4th and 5th Wednesdays a.m. and alternate Thursdays a.m.

Health Services Clinic,
69 High Street, Saffron Walden Tuesdays a.m.

Quaker Meeting House,
Stansted 2nd Thursday p.m.

Health Services Clinic,
The Greenyard, Waltham Abbey 2nd and 4th Mondays a.m.

Health Services Clinic,
Bowes Field, Ongar 1st and 3rd Tuesdays a.m.

Health Services Clinic,
Buckhurst Way, Buckhurst Hill 1st Wednesday a.m.

HARLOW DIVISION

Addison House,
Fourth Avenue, Harlow Alternate Mondays a.m.

Keats House,
Bush Fair, Harlow Every Wednesday a.m.

BASILDON DIVISION

Health Services Clinic,
Laindon Road, Billericay Thursdays a.m.

Health Services Clinic,
Craylands, Basildon Wednesdays a.m.

Health Services Clinic,
Great Oaks, Basildon Fridays a.m.

Health Services Clinic,
Florence Road, Laindon Tuesdays a.m.

Health Services Clinic,
High Road, Pitsea Thursdays a.m.

Health Services Clinic,
Market Road, Wickford Mondays a.m.

SPECIALIST CLINICS

Type of Clinic	No. of Sessions Monthly	Name of Specialist
Colchester Division:		
Ophthalmic	14	Dr. H. S. Sweet
Audiology	2	Mr. A. N. Cammock
North-East Essex Division:		
Ophthalmic	8	Dr. H. S. Sweet
Ear, Nose and Throat	1	Mr. J. M. Green

Mid-Essex Division:

Ophthalmic	25	Mr. Das-Gupta Dr. J. J. Reilly Dr. H. S. Sweet
Audiology	3	Mr. A. N. Cammock

South-East Essex Division:

Ophthalmic	6	Dr. B. C. Dench
Audiology	3	Mr. A. N. Cammock

Thurrock Division:

Ophthalmic	14	Dr. W. H. Clark
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In addition there are 16 Orthoptic sessions a month

West Essex Division:

Ophthalmic	7	Dr. A. G. Karseras Dr. W. Laybourne
Orthopaedic	1	Mr. K. Dalliwall

In addition there are 2 Physiotherapy and
2 Orthoptic sessions a week

Harlow Division:

Orthopaedic	2	Mr. H. Poirier
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Basildon Division:

Ophthalmic	10	Dr. Nicol Dr. B. G. Dias Dr. W. H. Clark
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CHILD GUIDANCE CLINICS

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled as at 31.12.68.	No. Weekly Sessions
Winsley House, High Street, Colchester	40,000	<p>Psychiatrists (Part-time - 8 sessions weekly)</p> <p>Psychologists (Whole-time - 3)</p> <p>Psychiatric Social Workers (Whole-time - 3)</p> <p>Psychotherapist (Full-time - 1)</p> <p>Remedial Teacher (Whole-time - 1)</p> <p>Clerks (Whole-time - 4)</p>	<p>2 (8 sessions)</p> <p>3</p> <p>2</p> <p>1</p> <p>-</p> <p>3</p>	<p>8</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>
146 Broomfield Road, Chelmsford	41,641	<p>Psychiatrists (Part-time - 9 sessions weekly)</p> <p>Psychologists (Whole-time - 4)</p> <p>Psychiatric Social Workers (Whole-time - 3)</p> <p>Psychotherapist (Whole-time - 3)</p> <p>Remedial Teacher (Whole-time - 1)</p> <p>Clerks (Whole-time - 4)</p> <p>Social Worker</p>	<p>2</p> <p>2</p> <p>-</p> <p>1 (Whole-time)</p> <p>3 (Part-time)</p> <p>5 (Part-time)</p> <p>3 (Part-time)</p>	<p>10</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>
Great Oaks Basildon	45,987	<p>Psychiatrists (Part-time - 10 sessions weekly)</p> <p>Psychologists (Whole-time - 4)</p> <p>Psychiatric Social Workers (Whole-time - 2)</p> <p>Psychotherapist (Whole-time - 1)</p> <p>Remedial Teacher (Whole-time - 4)</p> <p>Clerks (Whole-time - 4)</p> <p>Social Worker</p> <p>* Also working in School Psychological Service</p>	<p>2</p> <p>(1 (Whole-time)</p> <p>(2 (Part-time)</p> <p>1</p> <p>-</p> <p>4</p> <p>4</p> <p>1</p>	<p>10</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>

CHILD GUIDANCE CLINICS (Continued)

Address of Clinic	Estimated Population Served	Establishment of Staff	Posts filled as at 31.12.68.	No. Weekly Sessions
Whitehall Cottage, Whitehall Lane, Grays	20,500	<p>Psychiatrists (Part-time - 6 sessions weekly)</p> <p>Psychologists (Whole-time - 2)</p> <p>Psychiatric Social Workers (Whole-time - 2)</p> <p>Psychotherapists (1 Whole-time)</p> <p>Social Workers (qualified)</p> <p>Clerks (Whole-time - 1 and Part-time 2 x 20 hours)</p> <p>Peripatetic Remedial Teacher (Whole-time - 1)</p> <p>Trainee Psychologist</p>	<p>3 (6 sessions)</p> <p>1 (4 sessions)</p> <p>-</p> <p>1</p> <p>1</p> <p>1.75</p> <p>2 (Part-time)</p> <p>1 (Part-time) -</p>	<p>6</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>
Galen House Town Centre Harlow	Harlow 19,183 West Essex 23,500	<p>Psychiatrists (2 part-time - 10 sessions weekly)</p> <p>Psychologists (Whole-time - 4)</p> <p>Psychiatric Social Workers) (Whole-time - 3)</p> <p>Social Workers)</p> <p>Psychotherapist (Whole-time - 2)</p> <p>Clerks (Whole-time - 3)</p>	<p>2 (10 sessions)</p> <p>3½</p> <p>2</p> <p>2</p> <p>1 (Whole-time)</p> <p>2 (Part-time)</p>	<p>10</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p> <p>-</p>

